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STATE OF MARYLAND

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L	- STATE REGISTRAR		DEFARI		ICATE OF DEATH	REG. N	3 O.	0 4	
	PECEASED NAME FI	#ST	MIDDLE		FRMAN.	2e DATE OF DEATH	MONTH	DAY YEAR	26. HOUR 2
		To a con	1 1			1 105		IF UNDER I YEAR	IF UNDER 24 HRS
3. 3	Female	4 RACE Wh:	ite	5. DATE O		4 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MIN
7a.	BIRTHPLACE (STATE OR FOREK	Th CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	TY OF DEATH	99
1	Russia	USZ	A	WIDOWI		Mont	gome	ry	MD
	CITY OR TOWN OF DEATH Silver Spri	I IF NOT IN SU	HOSPITAL, NURSING HEACILITY, GIVE STREET	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWI	F WORKING		OF BUSINESS OR
US 13	SUAL RESIDENCE IF NURSING		13c CITY OR TOW	/N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 2305 Wa	shin	gton A	venue
14.	FATHER'S NAME FIRST Leon	MIDDLE	Honikma	an	15 MOTHER'S MAIDEN NA FIRST Hannah	WE		Good	man
160	WAS DECEASED EVER IN (IF NO OR UNKNOWN)	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECU 577-48-		Morris Acke	rman; 2307 A		ro Dr,Ch	n.Ch., Mc
	18 CAUSE OF DEATH IE PART I. DEATH WAS	inter only one couse pe CAUSED BY: MEDIATE CAUSE (a)	Vente	creek	les Feler	Matin		BETWEEN	MELLER
	Conditions, if ony, w	hich (b)_	R AS A GONSEQU	mi	Congestini	Bear F.	ralu	x 49	lects.
		ost. DUE TO. 0	RAS A CONSEQU	VIII	esis; Int	Eas Orego	woj	Wey	10/10.
NO		CANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION G	IVEN IN PART 1	(0)
RTIFICATI	190 DATE OF OPERATION	N 196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	700 AUTOPSY? YES NO.	IN CERT	ES, WERE FINDS	
1 3	21a ACCIDENT WAS UNDERLY	ING CT 216 TIME C	F INJURY		121¢ HOW INJURY OCCUR	RED JENTER NATURE OF INJUI	RY IN ITEM 18	PART LORPART 2)	

22a.1 certify that (1) (this hospital) attended the deceased from

HOUR A.M. MONTH

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

P.M.

21e PLACE OF INJURY

COUNTY STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

DEGREE

211 LOCATION STREET

ATTENDING PHYSICIAN 77e ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c DATE SIGNED

24. PHYSICIAN'S NAME ITYPE OF PRINT)

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

sow the deceased alive on

above, (1) (we) (did) (did not) view the

[IF EITHER, NOTIFY MEDICAL EXAMINER]

21d INJURY OCCURRED

AT WORK

226. SIGNATURE

23e. BURIAL, CREMATION, REMOVAL 23b. DATE

7-11-80

73c. NAME OF CEMETERY OR CREMATORY

Capitol Ezras Israel Cemetery

Heights, Maryland

(SMECEV) Burial 24 FUNERAL DIRECTOR

FUNERAL DIRECTOR

NAME

Danzansky-Goldberg Chapels; 1170 Rockville Pike 250. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE

DHMH-16 25M (VRA 15, 4) 1/79

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If Item 21 is marked or Item 18 shows

TO FUNERAL DIRECTOR:

MEDICAL

PHYSICIAN:

TO HOSPIT

. 6 . 8 1 0 8

		FOR STATE REGISTRAR		DEPARTA		ALTH AND MENTAL HYG	IEN 8 0) 8 o.	4 (
		DECEASED NAME	FIRST	MIDDLE	LA51	T	20. DATE OF DEATH	MONTH DAY	YEAR
1 1	1,		Dwight	J.	ADAM	1S	July	24	1980
1	3.	SEX	4 RACE		5. DATE OF		6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR
		Male	Caucas	sian	Apr.	11 1922 YEAR	58	YRS.	NTHS DAYS
5	70	BIRTHPLACE (STATE OR FO COUNTRY) Illinois	REIGN 76 CITIZEN C	OF WHAT COUNTRY?	8	X NEVER MARRIED	Montgomery		FDEATH
by the filed with a considered with the constitution of the consti	10	CITY OR TOWN OF DEA Bethesda	TH 11. NAME C	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET LONAL NAVA	G HOME OR ADDRESS) Medic	cal Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF U. S. Nav	E WORKING HEET	126 KIND OF
should be in	U: 18	SUAL RESIDENCE (IF NURS STATE Maryland	ng Home or other institution 13b. COUNTY Montgomery	13c CITY OR TOW	N 1	3d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 11600 Pine	y Lodg	e Road
ond 2 st	14	FATHER'S NAME Frank	MIDDLE	Adams	1:	Jessie	MIDDLE MIDDLE	Pr	ice LAST
rcian and co	16	J. WAS DECEASED EVER (YES, NO OR UNKNOWN) Yes	N U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) 1940–65	? 166 SOCIAL SECU 330 18		7 INFORMANT Mrs. Bernade	ADDRE	ss See it	em 13
equires that the acoun c is signed by the ottendir then please remove cart to buriol, cremotion, or njury, or other troumotic	2	Conditions, if any, gove rise to imm couse (o , stotim underlying couse	which (b) (b) the diate of the lost.	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D	NCE OF	OT RELATED TO THE TERMI	nal disease or cont	DITION GIVEN	IN PART 1(a
permit.	NOITECATION	190 DATE OF OPERAT	ION 196 COM	NDITION FOR WHICH	OPERATION '	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	G CAUSES
certificate h uriol-transit Aental Hygier Item 18 shov		OD CONTRIBUTION C	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	TIC HOW INJURY OCCURR	_	Y IN ITEM 18, PART	1 OR PART 2)
After this can be seen the burnouth ond Me morked ar the	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE (AT HOME,	E OF INJURY STREET, FACTORY, OFFICE, F		II LOCATION STREET	CITY OR TOW	M	COUNTY
TOR: Alfor use of Healt			(this hospital) attended d alive on July id) (d) holi view the bo	01		that in (hy (our) opinion d	to July 24 eath occurred on the do	, , ,	80, the
r the has AL DIREC detoched ote Dept. IT: If Item		22b. SIGNATURE	ary G. St	Adele	M I	GREE ATTENDING PHYSICIAN	MEDICAL STAF		July
Should be deto with the Stote I MPORTANT: If		Gary G.	ME (TYPE OR PRINT) Sladek, M.I).	2	National Nav			, Beth
¥ H + 3 ₹	72	BURIAL CREMATION I	SEALOVAL 1225 DATE	122, 1	AME OF CEN	SETERY OR CREATATORY	1234 LOCATION		

STATE OF MADVIAND

ION GIVEN IN PART 1(a Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NO [YES [N ITEM 18, PART 1 OR PART 21 COUNTY STATE 19.80 that (I (we) last and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN July 25,1980 22e. ADDRESS National Naval Medical Center, Bethesda, Md. 23d LOCATION CITY OR TOWN Arlington Arlington 23c. NAME OF CEMETERY OR CREMATORY Va. Arlington National

2b. HOUR

1030A

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

MD

Govt

DHMH - 16 60M 7/73 (VR A 15 (4))

BP.

(SPECIFY)

Burial

23a BURIAL, CREMATION, REMOVAL

24. FUNERAL DIRECTOR A. Pumphrey Funeral Home, Rockville, Md.

7-29-80

23b. DATE

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Warher E. Pumphrey, Income

Ave.

DHMH-16 20M (VRA 15, 4) 7/78 MIDDLE

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

YRS

DAY

YEAR

IF UNDER I YEAR

INDUSTRY

(same as

YES [

COUNTY

36

Silver Spring.

COUNTY

Dade

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

2b. HOUR 40

HOURS

12b. KIND OF BUSINESS OR

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LAST

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

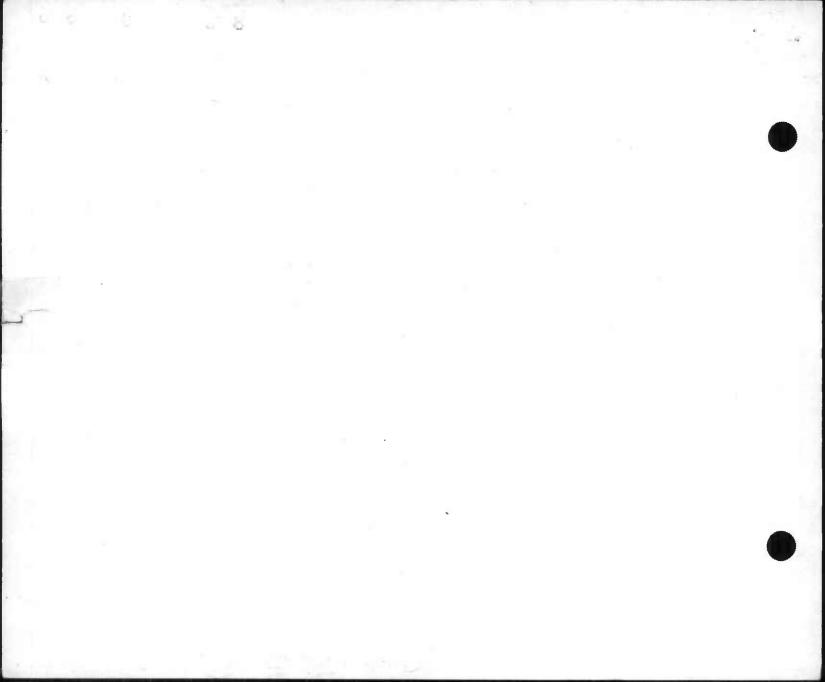
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STATE

STATE

Florida

IF UNDER 24 HRS



ge 3 sath		CEASED NAME (OR PRINT)	FOLE	MIDDLE	C. AI	pris	July 28, 80
innitor, pa	3 SE	PMALE (STATE OR FOREN	4 RAC	WiT-	S. DATE MON NO.		4 AGE LINTER AS LAST MATHEMATINE 96 VRS 9 BALTIMORE CITY OR COUNTY OF DEA
195		t. Carmel, Pa	a.	U.S.A.		NEVER MARRIED	Mentgemery
by the right with the party of	6	Gaithersburg	Wi.	Lson He	alth Care		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) See. then housewife
and the fi	13a. S	Md.	HOME OR OTHER I	13c. C	esidence before admission ITY OR TOWN thesda	YES NO O	5407 York Lane
and 2 sho	14 FA	James	MIDDLE		AROJ. 3	15 MOTHER'S MAIDEN	MIDDLE Wri
Pages 1		NAS DECEASED EVER IN YES, NO OR UNKNOWN) (IF	U.S. ARMED F FYES, GIVE WAR OF	R DATES)	7-84-5570	Alice Wash	
n igned by the attention has please can to burial, cramition, by njury, or other tra	NON	Canditions, if any, will gove rise to immed cause (a), stating underlying cause PART 2 OTHER SIGNIFI	hich liate the last	(b) UE TO, OR AS A	CONSEQUENCE OF	iosaler	ROTIC HEART DESCRIPTION GIVEN IN PA
permit. T ene prior shows at	THEAT	14s DATE OF OPERATION	N 11	E CONDITION	FOR WHICH OPERATE	ONWAS PERFORMED	206 AUTOPSYS 206 IF YES, WERE F IN CERTIFYING CA
A transit	CAL CER	714. ACCIDENT WAS UNDERSTOR CONTRIBUTING C CAUSE LIFETHER, NOTHY MEDICAL EX	SE OF DEATH	IL TIME OF INJU HOUR A.M. A	JRY MONTH DAY YEAR		URRED LENTER MATURE OF POLICET IN TEM 18, PART I DRIPA
Atter this the busis the and Me marked o	MEDIC	WHEE OF NOT WHEE AT WORK	10	N. PLACE OF INJ	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN
AAL DIRECTOR: Masched for use in use Dept. of Healt)	27a I certify that (I) (this saw the deceptised a obove (I) pre-relief 27b SKGNATGRE	slive on	the logicy of tell of	180	DEGREE ATTENDING	on death occurred on the date and hour and from AEDICAL STAFF DIRECTOR PHYSICIAN
the St.		224/PHYSICAN'S NAME		VARD	6116	POB IN NO	on Kirchecoo?

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 25M (VRA 15, 4) 1/79 Burial

Gartner-Sandison F.H.

7/31/180

overlell Sandison 316 Expendiamend Avenue,

FOR

REGISTRAR

- STATE

250 DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

REG. NO

MD.

12h. KIND OF BUSINESS OR

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

e and hour and from the causes stated

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STATE

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Brentweed

Ft. Linceln Cemetery

Gaithersburg. Md. 20760

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STATE OF MARYLAND

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7	1.	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENT CERTIFICATE OF DEAT		8 4 6 9
1	I. DE	CEASED NAME FIRST OR PRINTI	middle	LAST		DAY YEAR 26 HOUR 500 PM
rec of puring states and a second states and a second states and a second states are second states and a second states are second states and a second states are second states	3 SE	M ALE	4 RACE HITE	S DATE OF BIRTH MONTH DAY YI	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	FUNDER I YEAR IF UNDER 24 HRS
uneral di in 72 hou riified at	S	RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.	MARRIED NEVER MARRI	ED MONTGOMERY	M
iled withi	SI	LVER SPRING	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AI HOLY CROSS HOS	PITAL	ON 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE CARPENTER	12% KIND OF BUSINESS OR INDUSTRY
y filled in butd be f	MA	RYLAND 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AUNTY 13C CITY OR TOWN SILVER S	PRING YES NO	□ 15 EAST FRAI	NKLIN AVENUE
ompletel and 2 sh and 2 sh		THER'S NAME FIRST JOHN	ANDERSON		HANNA FRII	KSSON
ian and c Pages 1	16e. V	VAS DECEASED EVER IN U.S. / YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SECUR INE WAR OR DATES) 578-03-			35TH ROAD NGTON, VIRGINIA APPROXIMATE INTERVAL B. BETWEEN ONSET AND DEATH
n signed by the atten Then please remove can t to burial, cremation, ny injury, or other tra	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUER (b) Surall DUE TO, OR AS A CONSEQUER (c) NYMARIA T CONDITIONS CONTRIBUTING TO DI	owel perfora	from Lowell-Lymphocopt HE TERMINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
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is certifica ial-transit lental Hyg or Item 14	_	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH DA		OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)
After this the burner of the sund Minarked of the sund Minarked of the sund Minarked of the sunder o	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.]	CITY OR TOWN	COUNTY STATE
RECTOR: I for use a it. of Heal tem 21 is		saw the deceased alive of abave, (1) (wg) (did) (did)	pital) attended the deceased from		apinion death occurred anothe date and hau	
ERAL DII		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	578 Sara/	DEGREE ATTEN	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	7/0/80
TO FUN should be with the	23n S	HERBERT S	S. B. BARAF	8750 GEO	AVENUE, SILVER SPR	ING, MARYLAND
P	(BURIAL	7/15/80 R	OCK CREEK	ATORY 23d. LOCATION CITY OR TOWN WASHTNGTON 250. DATE REC'D, BY REGISTRAR 25K REGISTRAR	COUNTY STATE
DHMH-16 25M /RA 15, 4) 1/79		NAME FRANC	IS J. COLLINGRESS W. SILVER SPRING,		JUL 1 7 1980	The wordy

STATE OF MARYLAND

Co. 3/1 US been have waiting the en-ALE STILLS SALE . 1.2.1 GENERAL SEEDING SEALON SEALON SEEDING ATOM STATES WALLSANE ANTICOMEDA SITTAGE SELLING X 12 EYEL ESCRIPTION OF THE STATE JOHN ANTE STA ROAD - INVESTED 4775 15TH ROAD - I TOTAL THELLY PERFORM . STEWART LEGISLES TURNET S. II. BLOVE יייים אומייים אומיים או TOOL OF THE STEEL SPECIFICATION OF

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	the s	the en	-
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	TO HOSPITAL OF ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and campletely filled in by the funeral direct should be detached for use as the bund-stransit permit. Then please remave corbanpopers. Pages I and 2 should be filed within 72 hours with the State Dept of Health and Mental Hygiene priar to burial, cremation, ar removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the medical examiner must be notified of once.
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CERTIFICATION

MEDICAL

FOR

3 SEX

COUNTRY)

13e STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1. DECEASED NAME LAST 2ª DATE OF DEATH 2b. HOUR 12.53 TYPE OR PRINT) JOHN Thomas ANDREWS JULY 21 1980 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HP MONTH DAY YEAR MONTHS DAYS HOURS Male White Oct. 17, 1897 82 To BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED Md. USA Montgomery WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 126 KIND OF BUSINESS OR Shady Grove Adv. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Paint contractor Painting USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13. STREET ADDRESS 134 INSIDE CITY LIMITS? Mont. Maryland Germantown 19333 Frederick Road YES [NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST Μ. Andrews George Annie Emma. Hawkins ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (# YES, GIVE WAR OR DATES) 220-07-5375 Ruth Andrews Same as # 13 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O. DUE TO, OR ASIA CONSEQUENCE OF Conditions, if any, which gove rise to immediate (0), stoting DUE TO, OR AS A COMEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOLY YES [YES 🗌 NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE and that in my (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STATE July 21,1980

AT WORK 22a | certify that (1) (this hospital) attended the deceased from saw the deceased alive on 7/20/80 obove/(I)(me) (did) (did not/view the bady after death. THE PHYSICIAN'S NAME (THE OFFICE)

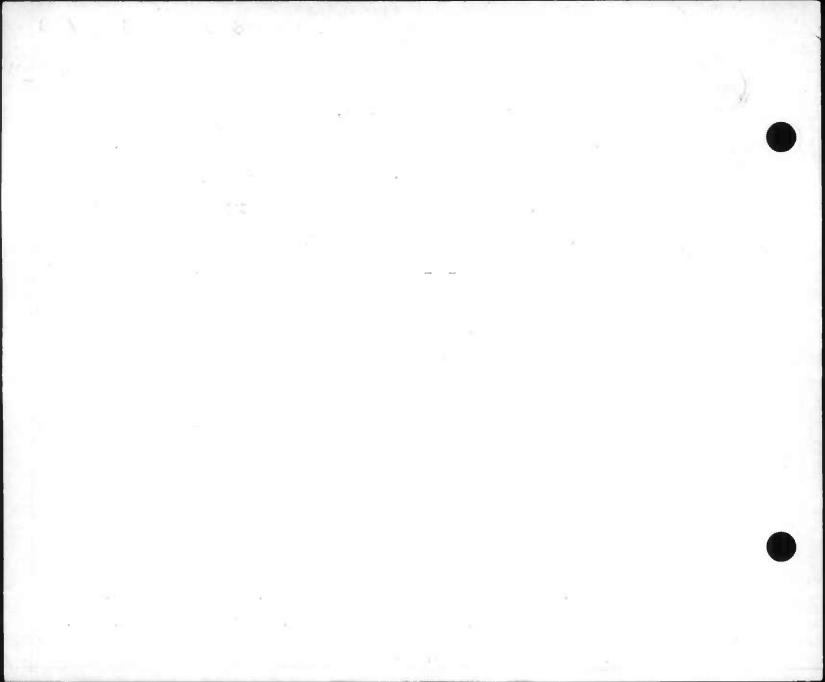
Pasqual V. Perrino

Deer Park Dr. Gaithersburg, Md. 20760

23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Md. STATE Clarksburg Mont. July 23, 1980 Clarksburg Meth.

24 FUNERAL DIRECTOR FRANCIS H. BARBER LAYTONSVILLE, MD. 20760 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 20M (VRA 15, 4) 7/78



1	1. [3. 5	7a	10	136	160	MEDICAL CERTIFICATION
				21	35	51	ANT. IT THEIR 21 IS MAINTED OF THE TO SHOWS ANY INJURY, OF DIRECT FACER,
	1	,	od at once	t be potifie	and adding vo	the modecal	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ANT: If Item 21 is marked of Item 18 shows any injury, or other trainmair, event, the medical evaminer must be notified at once
	(A)	W.	ral direct 2 hours a	y the fune d within 7	tely filled in b should be file	and comple	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours a
	6	V	ath. Page	irs after de	within 24 hou	be executed	PITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page by the hospital or attending physician.
4	.).		0				

DHMH-16 25M (VRA 15, 4) 1/79

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGO CERTIFICATE OF DEATH	ENE	8	O REG.	1	8	4	7	ļ
DOLE	LAST	2a. D/	TE C	OF DEATH	MONTH	DAY	YEAR	2h. HOUR	
	Angeli	Ti	1,	7 2	1986	0		7.11	1

- STATE REGISTRAR	Þ	CERTIFICAT	E OF DEATH	REG. NO.	104/1
1. DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Vasi	1	Angeli		July 2, 198	30 7:44 M
3. SEX	4. RACE	5 DATE OF BIRTI		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Caucasian	Jan.	1901	79 v	MONTHS DAYS HOURS MIN.
TO BIRTHPLACE ISTATE OF FOREIGN COUNTRY! RUSSIA	76 CITIZEN OF WHAT COUNTRY U.S.A.	?	NEVER MARRIED DIVORCED	BALTIMORE CITY OR COL	
Rockville	11. NAME OF HOSPITAL, NURS Shady Grove	T ADDRESS)		178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Ship's Cap	IZE KIND OF BUSINESS OR INDUSTRB ritish
13e. STATE 13b. COL	or other institution, give residence before unity 136, CITY OR TO ROCKVI		NSIDE CITY LIMITS?	802 Madison S	t.
14. FATHER'S NAME Alexander	Ange 13	15 MG	Marina	WIODIE	Dalapõrtas
164 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) I IF YES, G	ARMED FORCES? 166 SOCIAL SEC SINE WAR OR DATES! 578-76-		^{FORMANT} higenia An	igeli (same as	13e)
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUE	UENCE OF Ath	ensh and	Totalion WINAL DISEASE OR CONDITION	gers.
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC			20a AUTOPSY? 20b.	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \ NO
On CONTRACTOR CAUSE OF B	DEATH HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	n 18, PART I OR PART 2
THE ETHER, NOTHY MEDICAL EXAMINE TIÉ IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE		OCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive of	spital attended the deceased fram on 19 not) view/he bady after death.	Sec.	E ATTENDING	death occurred an the date and	d hour and from the causes stated 27.c. DATE SIGNED
220 PHYSICIAN'S NAME (TYPE	E OR PRINT	22e A	ADDRESS		
Harris K	Genner, M.D.	10	401 01d	Georgetown R	Rd. Bethesda. N
730. BURIAL, CREMATION, REMOVA	AL 236. DATE July 230	NAME OF CEMETE		734. LOCATION CITY OR TOWN	COUNTY STATE

7, 1980 Gate of Heaven Silver Spring Maryland
ERT A. PUMBLEREY FUNERAL 756 DATE RECED BY REGISTRAR 256 RECISIRARS SECURITIES. 24 FUNERAL DIRECTOR HOMES, P.A., ROCKVILLE, MARYLAND

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anyland Montgowery Kockstills x 802 Nautson St.

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678-76-55AA Inhigenia Angeli (same as i.e)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal. moy be

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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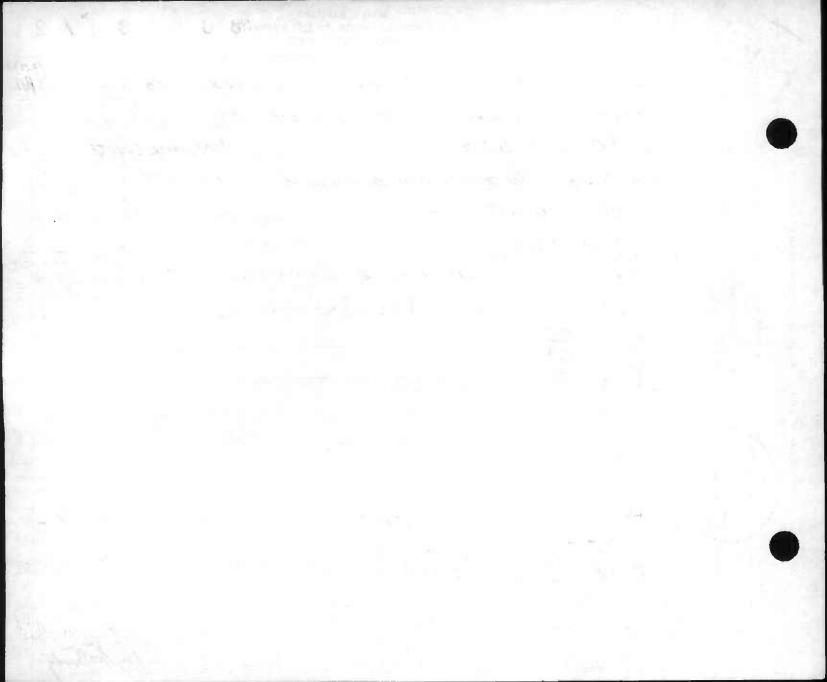
' -	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST (OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b F	HOUP.
2.051	Ella	4 RACE	Dacon	duly	18 198		15
3. SE	X	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS	ER TIEMR R OF	IRS MI
	Female.	Black	Honuary 3, 1895	85	YRS		
	RTHPLACE ISTATE OR FOREIGN	TE CITIZEN OF WHAT COUNTRY	* 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DI	EATH	
	Mid.	21.5.A.	WIDOWED DIVORCED	Hontra	servi Corne	K	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b	KIND OF BUS	SINESS
Si	Luca Server	The Calanial Wi	lle Alexer sea Ill and	HOUSE	WITE IN	DUSTRY	
JUSU	AL RESIDENCE (IF NUMBING HOME OR			1			
130 5	STATE MA MICOUN			13e STREET ADDRESS	1 70	1	
IA EA	ATHER'S NAME	UARD WAY	YES NO 15 MOTHER'S MAIDEN NA	Cenen	al Del	100rd	1
14.17		NODLE LAST	FIRST	DIE	2	ŁAST	
	HENR	Y WYLES	400	ne tho	MAS.		-
	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	111	ADDR	Ess Che	Sea 1	eRA
	NO	218-01-	79910 NATURN	44105- 7	30 IT. N	11.21.	216
	IN CAUSE OF BEATH (Enter and	y and cause per line for (a) (b) a	ndies		7-17-77-77	APPROXIMATE BETWEEN ONSET	INTERVAL
	PART I. DEATH WAS CAUSED	y one couse per line for (a), ib), a	P-0-			BETWEEN ONSET	AND DEA
		CAUSE (a)	el solla	20			
	4419	DUE TO, OR AS A CONSEQU	IENICE OF				
	Condition If any box	LOE TO, OR AS A CONSEQU	DEINCE OF				
	Conditions, if ony, which gove rise to immediate	ь)					
-	couse 101, stating the	DUE TO, OR AS A CONSEQU	JENCE OF				
	underlying cause lost	((c)					
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN	PART 1(a	
Z		-					
CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WER	F FINDINGS I	ISED
Ö	DATE OF CHARLOT	The Constitution for wines	TO ENATION WAS TENIORMED	200 4010131	IN CERTIFYING		
E				YES NO	YES [N(
U	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OF	PART 2)	
A A	OR CONTRIBUTING CAUSE OF DEAT						
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211. LOCATION				
¥		(AT HOME STREET, FACTORY, OFFICE,		CITY OR TO	WN COI	YTAL	STATE
1	WHILE NOT WHILE AT WORK						
	22 Crtify that (this hospit	n) attended the deceased from	2/28 19.80	to 7/10	19_8	O , that	e (wa)
	sow the deceased alive on		80 , and that in (my) (our) apinion	death accurred on the			
	obove, (1) (we) (did) (did not	view the body ofter death.	, one morni (my) (cor) opinion	ocam occarred on the c			
	22b. SIGNATURE	-1 Class -	DEGREE			C. DATE SIGN	
	a accept	0 10	ATTENDING PHYSICIAN	MEDICAL STA	FF	7-19.	- 80
	COL DUNCTO IN THE STATE OF	Deathan	PHYSICIAN)	DIRECTOR PHYSI	CIAN		
	12d. PHYSICIAN S NAME STYPE OF	ABICIN M	D. MESS		. ~		
	MARION	1 clano 1	5.10	ep Spring	My		
23n P	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION			
(:	SPECIFY)	M 11/ 00 11	Lacta O. I. STO O	CAY OR TOWN	COUNTY		STATE
	BUKIHL	11-27-8U YY	BICKN SIAK CE	M CATON	sulle, the	DWATA	- fl
24 54	NERAL DIRECTOR	125	46 N. WASh, 250 DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S	SICHATURE	
1	eorge K. o	nowder	Savilla MI 11	1 2 5 1980	Tintan	Sealt.	Per
			OCK VILLE NO.	III / 1 190011	1 1007 107 74 /	7 V V / / / / / / / / / / / / / / / / /	

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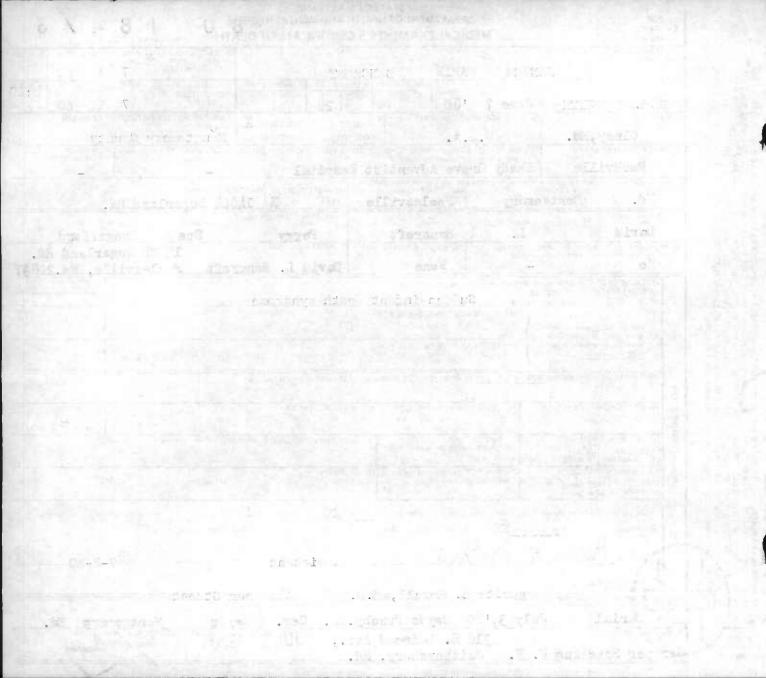
retained by the hospital or attending physician.



ON ST., BALTIMORE, MD. 21201	Control of the contro	TEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIS	ONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOU	PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITHIN 7.	SIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON		5-1-1-1
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	CALLETY COLLEGE COLLEG	C MEDICAL EXAMINES, INS. CARTIFICATE, WRITING THE WORD "PENDING" IN PERCUED WITHIN 24 HOURS AFIRE CARTIFICATE, WRITING THE WORD "PENDING" IN PERCUED. EXECUTE THE CRETIFICATE, WRITING THE WORD "PENDING" IN PERCUED. IN 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERRAL DIS	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOL	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITHIN 75	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON	BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	

ı		FOR				ARYLAND AND MENTAL HY	GIENE		0	a +-3	49
	1-:	STATE REGISTRAR		DICAL EXAMIN			0 1	, 1	8	4 /	3
		CEASED NAME FIRST		WIDDLE	LK J	LAST		REG. NO.	ONTH D	AY YEAR	2b. HOUR
	(TYPE	E OR PRINT)	TANTOR	MARTE B.	4370D		OF DEATH	ESTI-			Zu. HOUR
	3. SEX		JANICE 5. DATE OF BIRTH	6. AGE (IN YEA	ANCRO)F'T IDER 1 YR. IF UNDER 24			7 1	1980	M HOUSE
			MONTH DAY	YEAR LAST BIRTHDA	Y) MONT	S DAYS HOURS A	MIN PRONOUN				28:10
		FEMALE WHITE	June 7 76. CITIZEN OF W	180 YR		24	DEAD	ORE CITY OR C	/ I	1980	la M
		REIGN COUNTRY)			MARR	ED NEVER MARRIED	0				
4	10 CII	Olney, Md.		A. PITAL, NURSING HOME	WIDOW		20. USUAL OCCUP	tomery (MD.
A		Reckville	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)			FOR MOST OF WORK	(ING LIFE)	WORK 1124	OR INDUS	TRY
1	USUA	L RESIDENCE HE IN NURSING HOM	E OR OTHER INSTITUTION, G				-			-	
1	13a. S1	Md. Mont	gemery	Poolesvil	le	134. INSIDE CITY LIMITS? 13	1480h Su		LCI C		
9		THER'S NAME			-10	15. MOTHER'S MAIDEN	NAME				
ġ		David	MIDDLE	Bancreft		Peggy		DDLE I	J.,,,,	rford	
	16a. W	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECURITY	/ NO.	17. INFORMANT		11/884			
1	(46	ES, NO, OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	Nene		David L. Ba	monoft	Peeles	-177	L Tarmer	20827
1		18. CAUSE OF DEATH (Enter	only ane couse per line			DEVICE DE DE	1910101	T. I. I.		APPROXIMA	TE INTERVAL
d		PARTIDEATH WAS CAUS	SED RV.		at de	ath syndrom	0			BETWEEN ONS	ET AND DEATH
1		7920 IMMEDI		AS A CONSEQUENCE O		acti syndion	le				
		Canditions, if ony, which							1004		
	m	gove rise to immedia cause (a) stating the unde		AS A CONSEQUENCE O)F						
9		lying couse last.									
		PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	INAL DISEASI	OR CONDITION GIVEN IN PART 1	1 (0).				
	NO										
	CAT	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPER	ATION W	AS PERFORMED?			2	O. AUTOPSY	?
	CERTIFICATION								60	YES 🔀	NO 🗌
Š	CER	210 EXTERNAL CAUSE WAS	216. TIME OF	MONTH DAY YEAR	21c. HC	OW INJURY OCCURRED	ENTER NATURE OF INJU	JRY IN ITEM 18 PART	1 OR PART 2)		
1	CAL	UNDERLYING OR CONTRIBUTING CAUSE O									
	MEDICAL	21d. INJURY OCCURRED		OF INJURY (AT HOME,		CATION	CITY OR TOW	72.1	COUNTY	A. Lin	STATE
	5	WHILE NOT WHILE AT WORK		on, man, etc.,		7,000	CITORION	/N	COUNT		SIAIR
		22a. I certify that I taak cha	irge of the remains des	cribed abave, held an	Autao	y XX, Inspection [, Inquiry	andin	my apinia	n	
			tural causes XX		cide		Undetermined mor		my apimo		
	20	Also -	1 A = =	1/		TITLE (SPECIFY)					
		ACTUAL SIGNATURE	ite love	mil	м	DAssistant	_MEDICAL EXAM	INFR S	DATE SIGNED	2-80	
2	12	EXAMINER'S NAME	# **								
		(TYPE OR PRINT)	Margarita	A. Korell.	M D	ADDRESS	Pana State				
	23a.BL	JRIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEN	AETERY O	R CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	5	STATE
		Burial	July 3, 18	0 Beyds Pre	ydse.	Ch. Cem.	Beyds		treme	rh M	d.
		INERAL DIRECTOR	ADD3.	6 E. Daimen	d Ave	25g PATE REC	C'D. BY REGISTRAF	251 PEGISTR	AR'S JIGN	ATURE	
-	Gar	tner Sandisan		aithersburg			1000	1	Same all	Para stay	

DHMH · 17 (VR A15 ME (5)) 15M 7/77



DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH 1. DECEASED NAME 2h. HOUR TYPE OF PRINTS Margaret Emily 1980 Julv 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY IF UNDER 1 YEAR October 26, 1919 **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED Montgomery NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY The Clinical Center, NIH Sec'v U.S. Gov't. 136. INSIDE CITY LIMITS? 13e. STREET ADDRESS 215 Reno Street YES KT NO [IS MOTHER'S MAIDEN NAME MIDDLE Myrtle Sinclair 17 INFORMANT C. Robert Barry, husband, same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Lymphomatous meningitis Days Progressive diffuse histiocytic lymphoma Months DUE TO WILHOUT CING COLASTOMY. Years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES X NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and have and from the couses stated 22c DATE SIGNED DEGREE ATTENDING July 24, 1980 PHYSICIAN | DIRECTOR | PHYSICIAN The Clinical Center, National Institutes of Health, Bethesda, Md 11 NAME OF CEMETERY OR CREMATORY 236 LOCATION Burial 26,1980 Bridgeport Cen. Bridgeport, W. Va. 250. DATE REC'D. BY REGISTRAR 256. REGISTAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P.A. Bethesda, Md.

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ALTIM	ate of		sician ars. Page	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Partif		д рhу	Lermo
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4	TO DOBITA ATTENDING PHYSICIAN: The law requires that the death certificate he eventued within 24 hours after dailth. Page Thau Be	retained by the hospital or attending physician.	TO FUNERAL DIRECTOR After the certificate been signed by the attending physician and completely filled in by the funeral director, page 3 mould be deturbed for use at the burial transit permit. Then places remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death	with the state Dept. of Meanin and Member Hyperne prior to burial, cremation, or removal.
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tified at once.

MPORTANT: If them 21 in marked or frem 18 shows any injury, or other traumatic event, the medical

STATE OF MARYLAND

1	- STATE REGISTRAR			DEPART		ICATE OF DEATH	REG.	NO.	0 %	1 3
	CEASED NAME	FIRST	A	AIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2h. HOUR
45	DORGE GRI	90800	11ch-67	2RSKV				a.	1 80	1452 M
3 SE		/ 14	RACE		5. DATE O	OF BIRTH	& AGE (IN YEARS LAST E	IR HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	male	6.75	white		JAONTI	13 94	85	YRS.	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DEATH	/
Ki	ev, Russia		U.S	S.A.	WIDOW		montgo	Smek	14 Con	uty, MD.
	ITY OR TOWN OF DE	ATH 1	. NAME OF	OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
B	ethesda.	Md.	Sub.	HEACILITY, GIVE STREET	v 77	ospital	Ingineer		LIFE) INDUSTRY	
USU 130.	JAL RESIDENCE (IF KUR STATE	1136 COUNT		GIVE RESIDENCE BEFOR		1134 INSIDE CITY LIMITS?	13. STREET ADDRESS	5		
Ma	ryland		orges	Lanhan		YES TO NO	7815 Cr	oss St	reet	
14, F	ATHER'S NAME					15. MOTHER'S MAIDEN NA				
	Sergie	MI	Gr:	igorovich	1-Bars	sky Olga	MIDDLE		Unk.	iT
	WAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADD	RESS		
	No	~		225-50-	8492	Marina Grig	orovich-Ba	rsky	same a	as (13)
	18 CAUSE OF DEAT	TH (Enter only	one cause per	line Per ton this ar	d)cu [1 1 0	2 h		APPROX	MATE INTERVAL
	PART I. DEATH V	VAS CAUSED	DT:	MAR	11/6	+ C HX	KerT		MI	NUIT
	4140	IMMEDIATE	CAUSE (o)	1		-	1			
	1,,,,,		DUE TO, OF	RAS APONERON	ENCEPS.	KILORATI	1 UsanT	11:00	2 61	200
	Conditions, if any		(b)	11	AIC	DI IATUITE	MC-LION I	111/28	2 /0	2. 4
	cause (a), state	ng the	DUE TO, OF	RAS A CONSEQUE	EMPE OF	0105011	005:	5	0	
	underlying cause	e lost.	((c)	1117	H	(10) (10)	2031	/		
,	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	NTRIBUTING 40	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION G	IVEN IN PART 11	01
ğ			. 2	8N1.	417	7				
CERTIFICATION	190 DATE OF OPERA	TION	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERT	ES, WERE FINDIN	OF DEATH?
E			71h. TIME O	e was at their		Tata Managara and an analysis	YES NO	-	YES []	NO []
0.00	ON CONTRIBUTING	The state of the s	1 men 1 mm 1 mm		AY YEAR	TIC HOW INJURY OCCUR	RED JENTER NATURE OF IN	THE SHIEW IS	LPART TORPART 2)	
8	TH ETHER, MOTHY MEDIC		P.1	M.	19					
MEDICAL	214 INJURY OCCUR		21e PLACE (OF INJURY BET PACTORY OFFICE.	FARM #35' 1	ZII LOCATION	CITY OR 1	Own A	COUNTY	STATE
2	AT WORK AT WORK	ORK	1000	ar concorner	1,000,010,0	MANA C	1	. 1.	01	100
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	saw the diceas	sed alive on	the	4 2 10	800	nd that in (my) lett? opinion	death occurred on the	date and he	our and from the	causes stated
	22h SIGNATURE	and Grantor	aW.	7/	1	DEGREE	. //		22L DAJE	SIGNEPO
	1111	10	11/4/L	20 4	120	ATTENDING	MEDICAL ST	AFF	7/2	1/20
1	224 PHYSICIANS N	AME ITHE ON	960	-	/ -	27+ ADDRESS	DIRECTOR LIPHYS	1	1//-	1
	MINE	(MA	RI	6/11	ROBINIVA	y hin	2000	n mi	1 244 3/
-	1 ///05		10.4	-0/	4/14	11/00/11/01/01	1/4/	18 3 43/	1) /)	
23a.	BURIAL, CREMATION	, REMOVAL	23b. DATE	_		CEMETERY OR CREMATORY	23d. LOCATION	atan	D. C.	STATE
	Burial		JUL	y 3,80	KOCK	Creek Cemeter	y Washin	g con,	D. C.	

DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

BP.

Home, Inc. 2222 Wisconsin Ave. Funeral

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

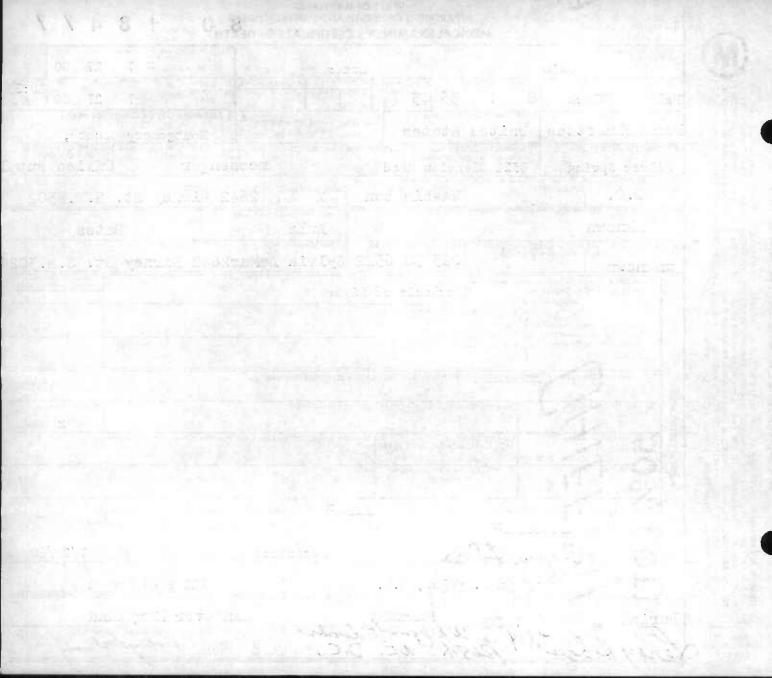
5.P 888 5 YEARSHOT KENTUCKY U.S.A X MONTECIMERY FEIRELANTE FEITHLAND AUGUNG HOME MURGING ALT MARYLAND TERMINATION & SHED CARABLEST THEIVE JUSSEY JAMENETT SALLY AND WILLSOM Sed-28-4579 L. HAMMER BOATENEHT BERVEL I

PERMANENT STATE THE STATE BARTASSITUE PARTY AND MANY PARTY AND STATE AND STA

STATE OF MARYLAND

FOR

15M 7/77



1	1 -	FOR STATE REGISTRAR		DEPARTN	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IEN 8 0	1 8	Č.	7 8
M		CEASED NAME FIRST FRIST		MIDDLE	A L S DATE O MONTH	DAY YEAR	0 AGE (IN YEARS LAST BIR	THDAY) IF	YEAR - 80. UNDER I YEAR NTHS DAYS	IF UNDER 24 HRS
fter death Page. The funeral direct Within 72 hours of the form o	10 C	Female RTHPLACE ISTATE OR FOREIGN DUNIRY) TVÍA TY OR TOWN OF DEATH	Latvi	WHAT COUNTRY? A HOSPITAL, NURSIN CH FACILITY, GIVE STREET A	MARRIE! WIDOWE G HOME C	R OTHER INSTITUTION	9 BALTIMORE CITY C MON + 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C	GOM	ER	Y. MD F BUSINESS OR
within 24 hours o within 24 hours o d 2 should be filed in by d 2 should be filed miner must be not	130.5 Ma	THER'S NAME			ADMISSION)	R WASHINGTON 13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA FIRST	Housewife 130 STREET ADDRESS 9805 Hedi ME ME Middle	in Driv	LAS	T
be executed on ond components. S. Poges I on	(Jacob VAS DECEASED EVER IN U.S (1F YES, NO	. ARMED FORCES? , GIVE WAR OR DATES)	Smerin 166 SOCIAL SECU 214-78-1	RITY NO.	Hannah 17 INFORMANT Samuel Baum	addri Sam e	ess e as No	. 13	witz
IDS, 201 W. PRESTON ST., B. quires that the death certifica signed by the ottending phys hen please remove carbon pop to burial, cremation, or remove niury, or other traumatic event,	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, O	SEP- DR AS A CONSEQUE URINA DR AS A CONSEQUE	NCE OF	NECTION;	IINAL DISEASE OR CON		3 1	MATE INTERVAL NOSET AND DEATH AYS
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r ottending physicion. Wher this certificate has been sig os the buriol-transit permit. Ther thh and Mental Hygiene prior to be the dor frem 18 shows any injur	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OIL (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	196 COND 216 PLACE	OF INJURY	YEAR	21c. HOW INJURY OCCUR	20a AUTOPSY?	YES RY IN ITEM 18, PART	NG CAUSES	IGS USED OF DEATH? NO STATE
OSPITAL OR ATTEND ed by the hospital or UNERAL DIRECTOR. A d be detoched for use the Stote Dept. of Hee		22a. I certify that (I) (this h sow the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE	for view the body	10 19		dhat in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STA	FF		
BP	24. FI	Burial CREMATION, REMO Burial INERAL DIRECTOR Dona NAME 2 Carroll Str	7/8/19 8d M. Sto	80 Bet	h Dav		23d. LOCATION CITY OF TOWN ELMONT. LOE REC'D. BY REGISTRAR 9 1980	INO TAP	ounty and are sign ti	STATE ON YORK



DHMH-16 25M (VRA 15, 4) 1/79 FOR STATE

I DECEASED NAME				REG. NO.		
(TYPE OR PRINT) T	FIRST MIDDLE EANNETTE	BEEK		20 DATE OF DEATH MONTH	DAY YEAR 2	h. HOUR
	I4 RACE	5. DATE OF		A AGE (IN YEARS LAST BIRTHDAY)	1980	12:10 F UNDER 24 HRS
3 SEX FEMALE	White		ne 7, 1881	99 YRS.		HOURS MIN.
7a. BIRTHPLACE (STATE)	OR FOREIGN 76 CITIZEN OF WHA	T COUNTRY?		BALTIMORE CITY OR COUNT	Y OF DEATH	
Nether		WIDOWED	DIVORCED [Montgomery		M
O Silver Spr	ring II. NAME OF HOS	PITAL, NURSING HOME OF CILITY, GIVE STREET ADDRESS! Ge Hill Nursi		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L HOMEMAKET	IZE KIND OF INDUSTRY.	me
USUAL RESIDENCE IN 130 STATE D.C.	NOTE NOTE INSTITUTION, GNE	RESIDENCE BEFORE ADMISSION) CITY OR TOWN ASHINGTON	13d. INSIDE CITY LIMITS? YES NO	3636 16 st N	I.W.	
FATHER'S NAME FIRST Karel	W. den Ho	ollander	15. MOTHER'S MAIDEN NAM Adriana van	MIDDLE.	LAST	
160 WAS DECEASED ET 17ES, NO OR UNKNOWN	I JE VES GIVE WAR OR DATES!	577-22-1450	Miss Elizabe	ADDRESS th Beekman Same	as Item	# 13
18 AUSE OF DE	EATH (Enter only one cause per line	for (p), (b), and (c).	2 ' C		APPROXIMA BETWEEN ON	TE INTERVAL
PART I. DEAT	H WAS CAUSED BY. IMMEDIATE CAUSE (0)	-hronic L	11917 2499	tromp	10	415
PART 2 OTHER S	SIGNIFICANT CONDITIONS CONT	on o	steoarthri	tis		
190 DATE OF OPI	ERATION 196. CONDITIO	N FOR WHICH OPERATION	WAS PERFORMED	_ IN CERT	ES, WERE FINDING IFYING CAUSES O (ES]	
On CONTRACTOR	CAUSE OF DEATH HOUR A.M.		21c HOW INJURY OCCURR	ED ENTER NATURE OF INJURY IN ITEM 18,	, PART 1 OR PART 2}	
21d INJURY OCC	URRED 210 PLACE OF I		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	t (1) (this hospital) attended the de	eceased from ##	RIL 19 48	- duly 16	10 50 th	ot # (we) la
sow the dec	ceased alive on dunia	23 19 80 on	d that so (py) (our) opinion d	eoth occurred on the date and ha		
sow the dec	re) (did) (did nat) view the bady after	23 19 80 , on	DEGREE	enth occurred on the date and ha		IGNED
sow the decobove, (I) (w 1711 - JGH - URE	S NAME TYPE OR PRINT	23 19 80 on	PEGREE ATTENDING PHYSICIAN 1220 ADDRESS		22c. DATE SI	igned
sow the decobove, (1) (w	S NAME ITYPE OF PRINTI	2 3 19 80, on	PEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SI 7-1	Ouses stoted GNED 7 - 80 2006 STATE

STATE OF MARYLAND

VIV-0 0 1 U-8 sounds continued as

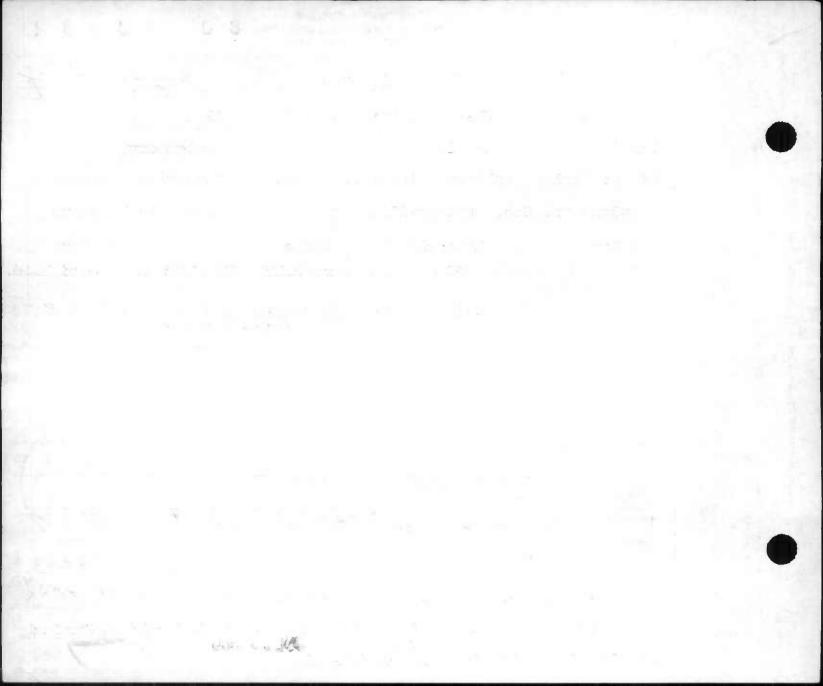
	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES O	8 4 8 0
		CEASED NAME FIRST E OR PRINT) X	Ja RACE	BLEWS 15. DATE OF BIRTH	20 DATE OF DEAT	15, 1980 11 A
200		Female	White	Mayor 24 DAY 1903	77 YRS.	MONTHS DAYS HOURS MIN.
filed within 72 houndlifed at ance.	10 0	IRTHPLACE (STATE OR FOREIGN OUNTRY) Pennsylvania ITY OR TOWN OF DEATH akoma Park	76 CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIR (JENOTIN SUCH FACILITY, GIVE STREET Washington Adver	MARRIED NEVER MARRIED WIDOWED DIVORCED MIDOWED DIVORCED MIDOWED MIDOWED	9 BALTIMORE CITY OR COUNTY Montgomery 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Store Clerk	M 12b KIND OF BUSINESS OF
accominer must be	Per	STATE 131 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR VITY 136, CITY OR TOV PERLAND LEMOYNE	/N 13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N	MDDIE	Newcomer
3 medicol		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b SOCIAL SECULAR OR DATES) 166-03-02		ADDRILLA Home-Lemoyn	ummel Avenue, ne, Penna.,
ws any injury, or other traumatic e	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost		clerotic Hear	200 AUTOPSY? 20b. IF Y	IVEN IN PART 1(0) ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
Item 18 shows	MEDICAL CERTIFI	? 10. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D	AY YEAR 19	~ /	res 🗌 NO 🗌
If Item 21 is marked or	MED		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, tol) ottended the deceased from Liview the body offer death.	DEGREE ATTENDING	death occurred on the date and ha	COUNTY STATE 19 that (I) (we) los our and from the causes stated 22c. DATE SIGNED
With the State	23a.	22d. PHYSICIAN'S NAME (TYPE O David Cromwell BURIAL, CREMATION, REMOVAL SPECIES BURIAL	1, MD 23b. DATE 23c.	22e. ADDRESS	ty Blvd., Silver 23d. LOCATION CENTROWN CENTROWN CENTROWN CENTROWN CENTROWN	
1/76	24 F	Warner E. Pumphi 8434 Ga. Ave.,	rey, Inc.		TE REC'D. BY REGISTRAR 25b. REGIS	

The proof of the control of the cont

	1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	0 0	18481
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uneral dii in 72 hou	> 30	BIRTHPLACE (STATE OR FOREIGN COUNTRY) X W VA	76 CITIZEN OF WHAT COUN	MARRIED MEVER MARR	Montgomery	Λ
in by the fried within	T	akoma Park	Washington Ad	ventist Hospital	IZE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Electrician	KING LIFE 126. KIND OF BUSINESS C INDUSTRY Navy
ad bi	130	laryland Pr.	or other institution, give residence UNTY ILL CITY OR Lanha	TOWN 13d, INSIDE CITY LI	0413 Prin	ncess Garden Pkw
completely 1 and 2 short) 2	ATHER'S NAME FIRST Zed		helef Esta	MIDDLE	Lilly
ricate be executed ysician and comple pers. Pages 1 and 2 ovat.	7 160		IVE WAR OR DATES!	6 1125 Frances	ADDRESS L. Behelet Same a	as # 13
ne law requires that the death c is been signed by the attending it. Then please remove carbon prior to burial, cremation, or r ws any injury, or other trauma	ATION	Canditions, if any, which gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	T CONDITIONS CONTRIBUTIONS	Blood in a	TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR	24 hour lo cucard
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TO HOSPITAL OF ATTENDING Pretained by the hospital or attending TO FUNERAL DIRECTOR: After the should be detached for use as the bur with the State Dept. of Health and MMPORTANT: If Item 21 is marked	W	sawathe acceased alive	pital attended the deceased from 144 J.C. Sanati view the body after death.	rom (S H) 19 19 19 19 19 19 19 19 19 19 19 19 19	apinian death accurred an the date an IDING MEDICAL STAFF ICIAN DIRECTOR PHYSICIAN	that (I) (we) had have and from the causes stated
BP	23a	BURIAL, CREMATION, REMOVE (SPECIFY) Burial	23b. DATE 18 JUL 80	13, NAME OF CEMETERY OR CREM Ft. Lincoln Ceme	ATORY 23d LOCATION Brentwood,	Ma county 20 8
OHMH-16 25M (VRA 15, 4) 1/79	24	UNERAL DIRECTOR Beall 9013 Annapolis	Funeral Homan Rd. Lanham, Md	ss 20801	250. DAU REGO, TY 1980AR 256.	EGISTRANSSIGNAVURE

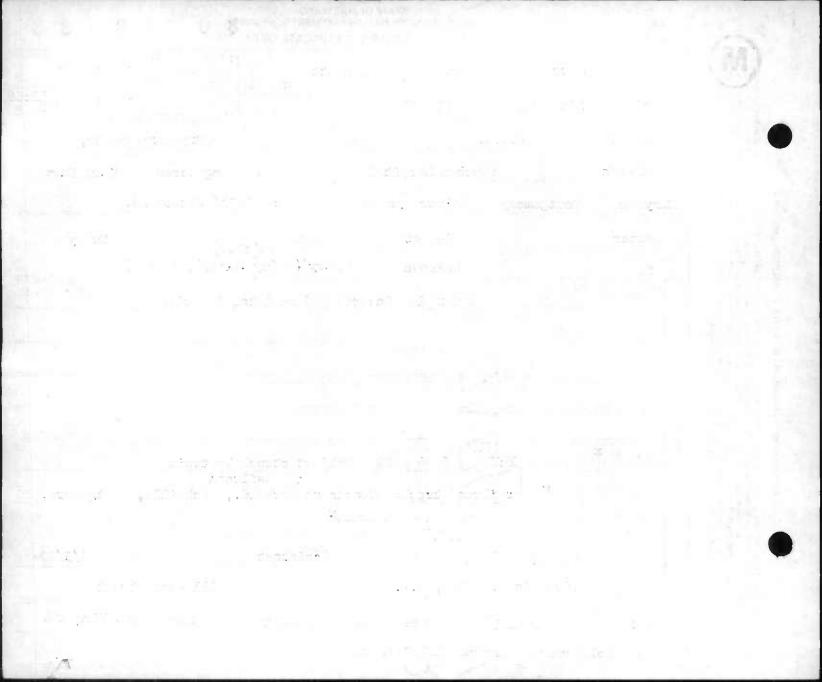
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STATE OF MARYLAND 1 - STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH	1 8 4 8 2 REG. NO.
1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF D	Luly 24, 1980 1 57 M
B 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEAR)	IF UNDER 1 YEAR IF UNDER 4 HRS
Female White May 22, 1907 73	YRS
	CITY OR COUNTY OF DEATH
	ntgomery MD.
II CITY OR TOWN OF DEATH III SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHER INSTITUTION IT SIND MAKE OF HOSPITAL HOME OR OTHE	CUPATION 12b. KIND OF BUSINESS OR R MOST OF WORKING LIFE) INDUSTRY
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Maryland Pr. Geo. Hyattsville YES NO 82	20 - 14th Avenue
Yakov Avzenshtadt Tsipa	NIDDLE LAST
Yakov Ayzenshtadt Tsipa Yakov Ayzenshtadt Tsipa 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 17 INFORMANT 18 18 18 18 18 18 18 1	Krasinskaya
The was deceased ever in u.s. armed forces? [166 Social Security No. 17 INFORMANT (YES, NO CHUNKNOWN)] (IF YES, GIVE WAR OR DATES) [213-94-0745AS] Abram Belkin; 8220-	-14th Ave, Hyattsville, Md
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF THE PROPERTY OF THE PROPE	
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING PAINTER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING PAINTER, NOTIFY MEDICAL EXAMINER) P.M. 19	
The property of the property o	TY OR TOWN COUNTY STATE
220.1 certify that (I) (this hopital) attended the deceased fram 1980, to	19 80, that (I) (we lost
chove (I) (w) (did) (did with view the hody ofter death	
Og a sa # Og Medical Ma	STAFF PHYSICIAN 7/2 4/80
220 PHYSICIAN'S NAME (TYPE OR PRINT)	P. TAKOMA PARK
of of a to the total of the tot	1
120 RUDIAL CREMATION REMOVAL 125 DATE 120 NAME OF CRAFTEDY OR CREMATORY 1224 LOCATIO	26
236. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 236. LOCAL CITY OF THE CI	STATE NAME
236. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 236. LOCAL CITY OF THE CI	tol Heights, Maryland

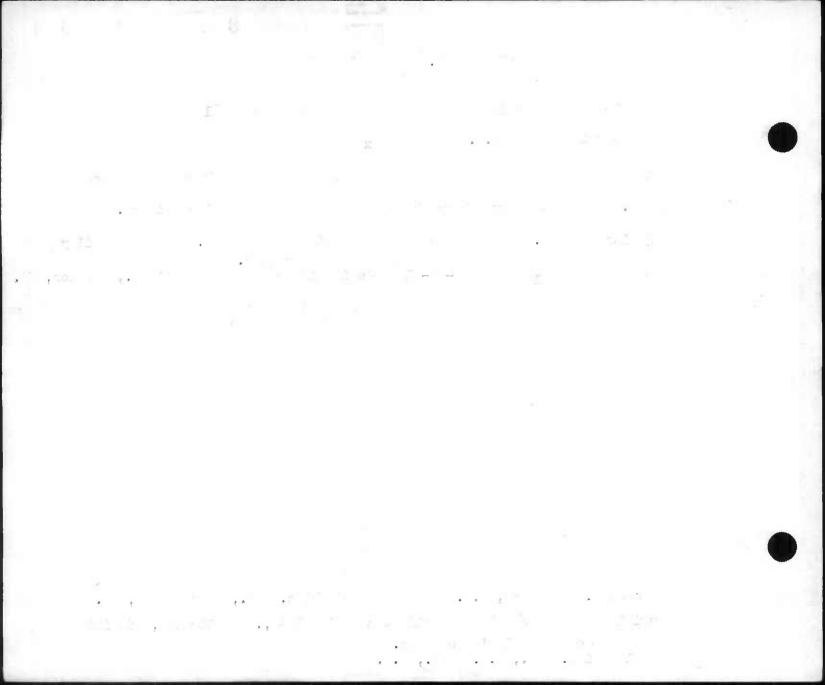


DHMH - 17 (VR A15 ME (5)) 30M 7/73

	1-	FOR STATE REGISTRAR			STA EPARTMENT OF DICAL EXAMIN	HEALTH		NTAL H		2	REG. NO.	8	4	8	3
		CEASED NAME E OR PRINT)	FIRST		MIDDLE	D -	LAST		20	OF	NOWN X	MONTH	DAY	YEAR	2b. HOUR
			Jerry		Lee		nnett				MATED [6 MONTH	4 19	YEAR	M
	3. SEX	Male	White	Sept. 7,	YEAR LAST BIRTH			HOURS.		RONOUNG DEAD	ED	6	4 19	90	10:59
1	FO	RTHPLACE (STATER COUNTRY) Maryland		U.S.A.	AT COUNTRY?	8. MARR	VED ANEV	/ER MARRI	ED 📙		gomery	-		ATH	MD.
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0		FIRST FOSTER		WIDDLE	Bennett		Lo	ra.		MID		8	Dol]		
	16a. V {YI	VAS DECEASED ES, NO, OR UNKNOW NO	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	Unknown	ITY NO.	Lore	tta B	Siste ennet		address me as	13			
	NO	gave rise cause (a) s lying cause		(c)	AS A CONSEQUENCE		SE DR CONDITION	I GIVEN IN PAR	RT 1 (a).						
	CERTIFICATION	19a. DATE OF C	PERATION	196. CONDITI	ON FOR WHICH OPE	RATION	VAS PERFOR/	MED?		-		0.	20 AUT		
3	MEDICAL CERTI	21a EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK	OR G CAUSE OF D	216. PLACE O STREET, FACTO	MONTH DAY YEA 6 4 19 FINJURY (ATHOME. DRY, FARM. ETC.) DAD TRACKS	21f. LO	Subject STREET	& O F	ruck Railr	by tr	ain kville	COU	T 2)	mer	NO STATE
כ			that I taak charg		ribed abave, held an	Autap	Hamic			Inquiry (in my api			
2		ACTUAL SIGNATURE	Vergen	ia ZX	lan 14	}N		sistar	<u>t</u> MEDIC	CAL EXAMI	NER	DATE	6	/5/8	80
L		(TIPE OR PRINT	1	inia L. Do			ADDRESS_				Penn	Stre	et		
	Bı	urial	ON,REMOVAL 2	June 7	23c. NAME OF CE Spruce M		ain Ce	meter	Z	Or Or	nego,		.0		ä
f	24. FU	UNERAL DIRECTO		ral Servic	e Fairfax	k, Va		250. DATE	EC'D. BY F	1980	25b. REGIST	TRAR'S SI	GNATUR	Early	



	To BIRTHPL. Sex Index been signed by the ottending physician and completely filled in by the flower or director, page 3 SEX SEX 19 BIRTHPL Committee within 7 theories and 2 should be filled within 7 theories of the director of the medical examiner must be notified of once. By ARTICATION CERTIFICATION COMMITTER COMMI	STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG NO	10404
eath		CEASED NAME FIRST BOORPRINT) BEVELL	EVERLY MODILE R. Be	BERNEY		MONTH DAY YEAR 26 HOUR 1 1 80 10 32 M
5-2	3_ SE	Female		ATE OF BATH MONTH DAY YEAR OF STATEMENT STATEM	6 AGE IN YEARS LAST BIRTH	HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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be filed withing to be filed withing		ry or town of death Sethesda	11. NAME OF HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemaker	126. WIND OF BUSINESS OR
e a a	USU/ 13a S	TATE 136, COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	onsi Ave.
2 sh	14. FA		No Peek	15. MOTHER'S MAIDEN NAME FIRST		Railey
	16a V		MED FORCES? 166 SOCIAL SECURITY IN EWAR OR DATES) 579–42–316	Daugi		55
ed by the attendir lease remove carb rial, cremation, or ar other fraumatic	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEATH	Cerebral		DITION GIVEN IN PART IIa
has been permit II ene prior t	TIFICATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	TATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sum \text{NO}\)
certificate riral-transit ental Hygid them 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY Y	19	RED JENTER NATURE OF INJUR	Y IN ITEM 1B, PART 1 OR PART 2)
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DIRECTOR Oched for us Oched for us Dept of He		saw the deceased alive an	tal) attached the deceased from 19 80 ut view the body/diter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	te and haur and from the causes stated 22c DATE SIGNED 7 - 1(- 80
FUNER PORTAN		John F. Gust	\ /	5480 Wisc.		Chase Md
BP		URIAL, CREMATION, REMOVAL	236. DATE 23c. NAME	of CEMETERY OR CREMATORY gton National Ce	23d. LOCATION	
	24 FL	NERAL DIRECTOR Joseph	h Gawler's Sons Inc Ave., N.W. Wash., D	25e. DAT	E REC'D. BY REGISTRAR	75b. REGISTRAR'S SIGNATURE



	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEA	TH	0	REG. NO.	1 0	6.59	0 3
		EASED NAME	FIRST		MIDDLE		AST		20 DATE OF D	EATH MONTH	DAY	YEAR	25. HOUR
			E .	Luc	ille	I	Berns		July	20,198	50		4:37p
	3 SE			4 RACE		5 DATE (& AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER	DAYS	IF UNDER 24 HRS
		Femal	2	Cauca	sian	Sept	. 29, 1	912	67	YI	RS.	DATS	MICONS MIC
	C	RTHPLACE (STATE OF			WHAT COUNTRY?	MARRIE	D NEVER MARI	RIED 🗆	9 BALTIMORI	CITY OR COU	NTY OF DEA	ATH	
10		rth Car			d State:	WIDOW	D DIVOR	CED 🔼		gomery	Coun	ty,	M
70		thesda			" " " " " ITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUT	TION	TYPE OF WORK F	OR MOST OF WORKE	IGUED INDI	ISTRY	BUSINESS OF
35	USU,	AL RESIDENCE (FINE	RSING HOME OR	OTHER INSTITUTION TY	A11 -	E ADMISSION)	131. INSIDE CITY L	LIMITS?	130. STREET AC 1000 (DORESS Bruns		- "	
50	14. FA	THER'S NAME		MODLE	Perry		IS. MOTHER'S MA	alden NAM Zula		MIDDLE AN E	Win	ste	a d
7		VAS DECEASED EVE ES, NO OR UNKNOWN) NO	R IN U.S. AR	MED FORCES? WAR OR DATES)	16 SOCIAL SECU		17 INFORMANT			ADDRESS 8	715 P	ers:	immon
, A. T.	NO	PART 2 OTHER SIG	se lost	(Ic)	RAS A CONSEOUS PLANTY ONTRIBUTING TO	de	NOT RELATED TO	THE TERMI	NAL DISEASE (OR CONDITION	GIVEN IN P	20 ART 1(0)	yen
2	CERTIFICATION	11a DATE OF OPER	ATION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	ED	200 AUTOP		YES, WERE RTIFYING C.		
9	MEDICAL CER	21a ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY MED	CAUSE OF DEAT	P.	M. MONTH D.	AY YEAR	21c HOW INJUR	Y OCCURRI	ED (ENTER NATU	RE OF INJURY IN ITEM	18, PART 1 OR P	ART 2)	
TIGIL VED	MED	21d INJURY OCCU	WHILE	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, I	ARM, ETC)	214 LOCATION STREET			ITY OR TOWN	COUN	VTY	STATE
4			sed olive on.	ol) ottended th 7/20) view the body	19		nd that in (my) (our	9 65 r) opinion d	eath occurred	on the date and	hour and Ire	om the c	
		22d. PHYSICIAN'S	n (706	sonor	n	ATTER PHYS	NDING SICIANX	MEDICAL DIRECTOR	STAFF PHYSICIAN]]3	PATES 21	, 1980
1					nor, M.	D.	8218 Wi	Lscon	sin A	ve. Be	thesd	a,M	ary1am
	230 B	URIAL CREMATION Buria	i, removal	3			EMETERY OR CREA	MATORY	23d. LOCATE CITY OF T	OWN	COUNTY	Mar	state v land

ROBERT A. PUMBHREY FUNERAL

HOMES, P.A., BETHESDA, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 25M (VRA 15, 4) 1/79

Spring. Maryland Gate of Heaven 25a. DATE REC'D. BY REGISTRAR 25b.

Silver

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11-	FOR STATE			DEPARTMENT OF					1 0	2 ,0	0	6
	REGISTRAR		ME	DICAL EXAMIN	NER'S			REG	NO.) 64	0	0
	CEASED NAME PE OR PRINT)	FIRST		WIDDLE		LAST	20	DATE KNOWN	-		YEAR	2b. HOU
2.00		MARY		K.		BINDER		DEATH MATED		20	1980	
3. SE		white	Aug. 7		DAY) MONT	NDER 1 YR. IF UNDER		C. DATE RONOUNCED DEAD	монтн	20	YEAR 19 80	2d. HOL 2:5
7a. B	RTHPLACE (STA	ania	76. CITIZEN OF W		8. MARR	IED XXVEVER MARK	RIED []	BALTIMORE CIT Montgome		ITY OF D		M
	ny or town o	Spring	Holy C	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS) ross Hospit	al	HER INSTITUTION	12a. USU A	LOCCUPATION OST OF WORKING LIFE) MUNICAT	Clk. ion	12b. KIN OR U•	D OF BUSTR	SINESS Gov
130 S M	id.	13b. COUNT Monto	other institution, G	13. CITY OR TOWN Wheaton	SION)	13d INSIDE CITY LIMITS?	13° STREE	00 Broo	mall	Lan	e /	
14. F/	Jacob		WIDDLE	Kassack		15. MOTHER'S MAID Minnie	EN NAME	MIDDLE		ins	AST	
16a. V	WAS DECEASED (ES, NO, OR UNKNOW NO	EVER IN U.S. ARM		None	TY NO.	Daniel B	Binde:		Whea Broc			
	18 CAUSE OF	DEATH (Enter only	y ane cause per line	e far (o), (b), and (c).) Cranio-cere	2	danasama		The part		BETW	ROXIMATE EEN ONSET	INTERVAL AND DEAT
NOI	PART 2 OTHER SIGN		(c)	BUT NOT RELATED TO THE TER	MINAL DISEAS		ART 1 (a).					
CERTIFICATION	19a. DATE OF C	OPERATION	19b. CONDI	TION FOR WHICH OPE	ration w	AS PERFORMED?			-8	- 09	JTOPSY?	
MEDICAL CER		OR G CAUSE OF D	EATH 2:30x	x 6-20- 180	R Apj	owinjury occurri parently fe				ART 2)		
MED	21d. INJURY OF WHILE AT WORK		STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.) ME		OOO Brooma	ll Lan	e, Silve	r Spr	ng,	Mont	. STATE
	220. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	A nin	of the remains detail causes ,		vicide		Undeter		Re-is			
	urial, CREMATI SPECIFY) urial	ON,REMOVAL 23		80 Mt. Sh	naron	n and a second	23d. LOC CITY OR			_{лигу} .awa:		ate a.
24. F	UNERAL DIRECT	RECTOR ROCKY 1 1 6 Md 250, DATE REC'D, BY REGISTRAR 125 S							GISTRAR'S	EN Ch	IRE	

AND STREET, ST December 3 om 131 and a 151 may 164 . CE SUIT DON'T SEE STATE OF THE SECOND SECO + 0-- 10-11-0--1 PRINCE STATE

executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	18	487
age 3 Death	1. DE	CEASED NAME FIRST OR PRINT) NATHAN		WIDDLE		BERG	July 27	, 1980	25. HOUR 4:30 a _M
and des	3 SE	Male	4 RACE Whi	to	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHD	MONTHS D	YEAR IF UNDER 24 HRS
in 72 horrs	C	RTHPLACE (STATE OR FOREIGN DUNTRY) Poland	76 CITIZEN OF	WHAT COUNTR'	MARRIE	D NEVER MARRIED	79 BALTIMORE CITY OR Montgom	nery	MD.
by the fed within	6	Potomac	1801	05 Bell	S Mil	1 Terrace	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Manufacture)	WORKING LIFE) INDUS	nd of Business or TRY dies Wear
ould be fill	13a S	AL RESIDENCE (# NURSING HOME OR STATE 136 COUN Maryland Montg	1TY	136. CITY OR TO Potoma	NWO	134 INSIDE CITY LIMITS?		lls Mill T	l'errace
completely 1 and 2 sho		Aaron	MIDDLE	Bisber		is. MOTHER'S MAIDEN NA FIRST Sarah	MIDDLE	(unl	anown)
Pages 1 t, the me		VAS DECEASED EVER IN U.S. AR res, no or unknown) (If yes, give NO	MED FORCES? EWAR OR DATES)	086-03-		Mr. Cohen; 1	ADDRESS 0305 Bells M	ill Terr,	
inding physicia arbon papers. n, or removal. raumatic even		IB CAUSE OF DEATH LENTER ON PART I DEATH WAS CAUSE IMMEDIAT	E CAUSE (a)	or ASACONSEG	Mari	ic heart	- Jailur		PROXIMATE INTERVAL GEN ONSET AND DEATH
ned by the atte please remove o purial, crematio jury, or other t		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	(c)_	OR AS A CONSEC	KINL	el mon	Mai DISEASE OR CONDI	ITION GIVEN IN PAR	4 gen
te has been signer been signer been signer been signer to to to to shows any in	CERTIFICATION	19a DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN CERTIFYING CAU	NDINGS USED
is certifica ial-transit ental Hyg or Item 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A		DAY YEAR		RED LENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART	(2)
After th s the bur th and M marked	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
for use a for use a of Heal		22a.1 certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did na	11.	1 . 7 4	60.75	nd that in (my) (voil) opinian	death occurred on the date		
RAL DIR detached tate Dept		276. SIGNATURE	1 /1	Rus			MEDICAL STAFF		-27-80
should be with the S		JOHN M.	EVANS				consin Ave.	Chevy	Chase, Mc
1 4 3 =	(Burial, Cremation, Removal SPECIFY) Burial	7-29	-80 E	Beth I	emetery or crematory srael Cemet		ord, Cor	nnecticut
HMH-16 25M RA 15, 4) 1/79		uneral director anzansky-Goldbei	rg Chap	els; 117	Rockv 0 Rock	ille, Md?	G T SOLL BY REGISTRAR 25	IN REGISTRAR'S	CARLE

V 8 - 8 - 0 8 - 8 - 8 - 7 conquelix heart farler Agues - Tomps so afrait as I make as string TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 cetained by the hospital or attending physician.

Page 4 may be

	1. DEG	REGISTRAR CEASED NAME	FIRST		DOLE	D	AST	REG. N	MONTH DAY	80 YEAR	2b.
	liire	ES	THER	2	G. /	50551	HARD	7/5/88	()	00	1
	3 SE	× Female	4	RACE Wh	ite	S. DATE C		4 AGE (IN YEARS LAST BIR		UNGER I YEAR	66 H4
54		IRTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF W	HAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY O			
90		ity or town of DEA				IG HOME C	or other institution ce Center	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Bookeepe		126. KIND OI INDUSTRY TIPED)FB
25	13a S	AL RESIDENCE (IF NURS	136 COUNTY	HER INSTITUTION, G	ME RESIDENCE BEFORE COLLY OR TOW Bethesd	ADMISSION)	134 INSIDE CITY LIMITS?	13. SIRELADDRESS	svenor	Lane	
50	14 FA	William	~c	DIE B	Gross		15. MOTHER'S MAIDEN NA Emma	ME MIDDLE	•	Mors	a:
1	lás v	WAS DECEASED EVER	IN U.S. ARME	ED FORCES?	SOCIAL SECU	RITY NO.	Shirley Gros		Palwoo ota, F		
		IS CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse per li	ne for to by, one	dici.	1 . 1 .	do - o · o	A	BETWEEN C	MA
	gove rise to couse (0), underlying	Conditions, if ony		(b)	AS A CONSTOUR	se sc	elign no	or arses	ne	100	7
	NO	gove rise to imi couse (0), statir underlying couse	mediote ng the lost.	DUE TO, OR	as a conseque	NCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GIVEN	N IN PART 1(d	2
	IFICATION	gove rise to imi couse (0), statir underlying couse	mediote ng the e lost. NIFICANT CO	DUE TO, OR	AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	NG OI
	AL CERTIFICATION	gove rise to imicove (O), storiunderlying couse PART 2 OTHER SIGI 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING	mediate ng the lost. NIFICANT CO	DUE TO, OR (c) INDITIONS COT 196 CONDIT	AS A CONSEQUE NTRIBUTING TO E ON FOR WHICH INJURY MONTH DA	DEATH BUT		20a AUTOPSY? YES □ NOS	206. IF YES, VIIN CERTIFY!	WERE FINDIN NG CAUSES	٧Ģ
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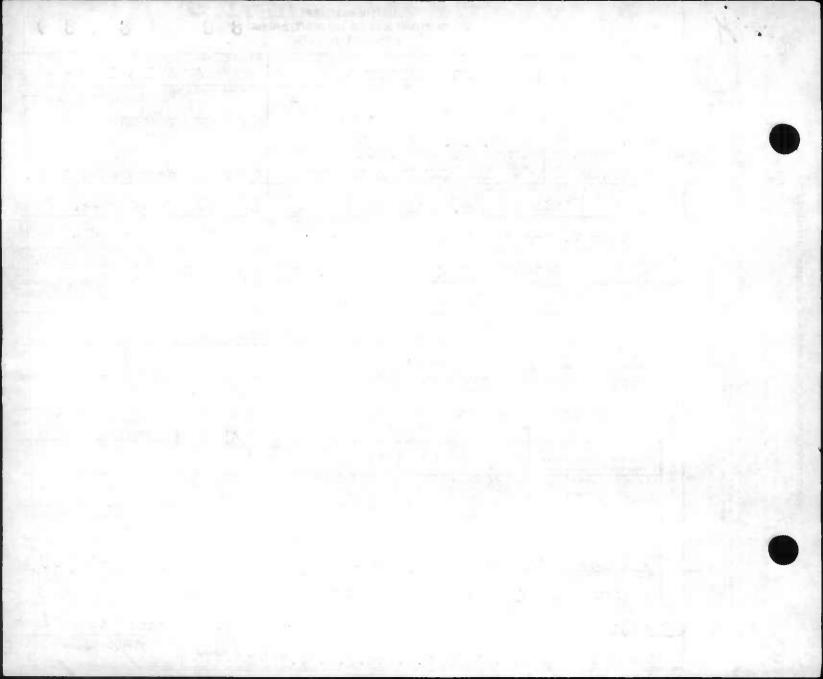
distribution products and lightest the constant Trouble dille of the control of the

н. Ж	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	8 4 8 9
(M)		CEASED NAME FIRST RONZ	ALD EARL E	RADFIELD	JULY 19	18. 1100K
ector, PH rs after once.	3. SE)	MALE	4 RACE WHITE	DEC. 16, 1944		UNDER I YEAR IF UNDER 24 HRS
72 hour	7a. Bil	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOMERY	
by the fu	10 CI	BETHESDA	11. NAME OF HOSPITAL, NURSIN THE CLIN	IG HOME OR OTHER INSTITUTION ADDRESS! ICAL CENTER	IZE USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) Cost Engineer	12b. KIND OF BUSINESS OR INDUSTRY Bechtel Co.
y filled in could be fill	13e S	AL RESIDENCE (IF NURSING HOME OF ITATE TEXAS TI	TOTHER INSTITUTION, GIVE RESIDENCE BEFOR TOWN 134. CITY OR TOWN MT.PLEA	N 134. INSIDE CITY LIMITS?	13. STREET ADDRESS 106 EAST HOLL	AND St.
completely 1 and 2 sho nedicales	₹4 FA	THER'S NAME Luther E. B	radfield LAST	Pat	MIDDLE	Tucker
Pages 1 a	16a W	VAS DECEASED EVER IN U.S. AR ES, NO DEUNKNOWN) (14-755-GM Yes VIe	med forces? 166 social section and section			ME AS ABOVE
igned by the attending physicis n please remove carbon papers. Duvial, cremation, or removal. injury, or other traumatic even		Canditions, if any, which gave rise to immediate cause to!, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) MULTIPE DUE TO, OR AS A CONSEQUE (c) BURKITI	E ORGAN SYSTEM		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
is been s nit. Ther prior to ws any	CERTIFICATION	PART 2 OTHER SIGNIFICANT (OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
attending physician. R. After this certificate ha as the burial-transit perm as the burial-transit perm lift and Mental Hygiene is marked or ftem 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEL	HOUR A.M. MONTH D	19	- A	
After After s the bi th and marker	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21r. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
		saw the deceased alive an above, (I) (we) (did) (did n o	tal) attended the deceased fram		to JULY 19 19 death occurred an the date and haur c	
he is	H	276. SIGNATURE	Corlen		MEDICAL STAFF DIRECTOR DHYSICIAN DIRECTOR DISTITUTES	7/20/60 OF/ HEALTH
O FUN hould be with the		BRIAN J	. CORDEN	CLINICAL CE	NTER, BETHESDA	
	15	URIAL, CREMATION, REMOVAL PECKY) Urial		dwards Cemetery	Mt. Pleasant	Titus Texa

Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SEGNATURE

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR

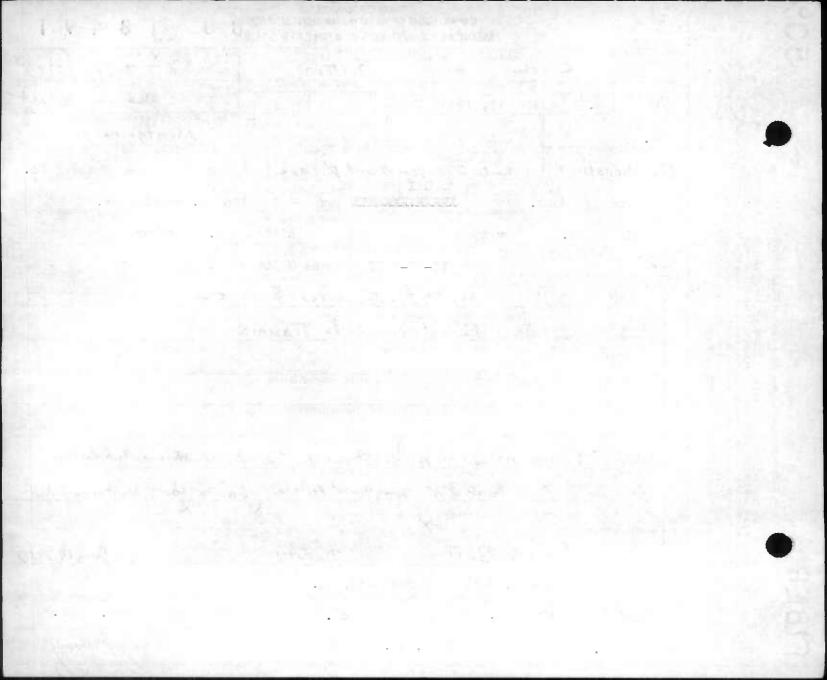


	1.	FOR - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 1	8 4 9 0
() () () () () () () () () ()	IIV	CEASED NAME FIRST	ANDDIE E	Bre Wster	21. DATE OF DEATH MONTH	DAY YEAR LINHOUR 6
age 4 m rector, irs after once.	3 SE	x Male	Caucasian	S. DATE OF BIRTH MONTH DAY YEAR July 25, 1929	6 AGE (IN YEARS LAST RIRTHDAY)	MONTHS DAYS HOURS MIN.
death. Par neral direc 72 hours fied at on	0	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR		BALTIMORE CITY OR COUN	TY OF DEATH MD.
n by the fu	10 5	Bethesda		SING HOME OR OTHER INSTITUTION	12R USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Budget Office	126. KIND OF BUSINESS OR LIFE) INDUSTRY
filled in und be fill	130 Ma	ryland Mont	ROTHER INSTITUTION, GIVE RESIDENCE BEI NTY 13c CITY OR TO GOMERY Silve	ORE ADMISSION) 134. INSIDE CITY LIMITS? T Spg. YES T NO	13e. STREET ADDRESS 613 Hollywoo	
npletely nd 2 sho	14. F	ATHER'S NAME FIRST Edwards Pie	MDDLE LAST rpont Brewste	15. MOTHER'S MAIDEN NA FIRST Gertrud	AME	Peene
te be execuan and con Pages 1 and con		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE		ADDRESS 121	
requires that the death ce is signed by the attending from please remove carbon to burial, cremation, or re y injury, or other traumat	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECTION OF THE CONSEC	e Kyphoscol	MINAL DISEASE OR CONDITION G	Since birth
N: The law n. The law are has beer permit. The	CERTIFICATION	19a DATE OF OPERATION		CH OPERATION WAS PERFORMED	_ IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
ING PHYSICIAN: The ending physician. After this certificate ha the burial transit perm. and Mental Hygiene tarked or Item 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [OR CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 216 INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 21 LOCATION	RRED LENTER NATURE OF INJURY IN ITEM 18	s, PART I OR PART 2)
OR ATTEND Despital or att DIRECTOR: A ed for use as ept. of Health fleem 21 is m	WE		(AT HOME, STREET, FACTORY, OFFICE Dital) attended the deceased from 19 and view the bady after death.			19 80, the (1) (we) last our and from the couses stated 22c. DATE SIGNED 7/22 80
TO HOSPITAL OF PETAINED BY THE NET TO FUNERAL DI Should be derache with the State Del IMPORTANT: If		PATRICIA	D. KELLOG	se 809 Viers	M.II Rd, Roc	kulle, md
O BP	- 1	BURIAL, CREMATION, REMOVAL SPECBY) Burial	7/28/80	NAME OF CEMETERY OF CREMATORY N. Cornwall Cem.	North Corny	
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR Robe Homes.	P.A. Bethes	ey Funeral	TE REC'D. BY REGISTRAR 256 POST L 2 9 1980	STRAR'S SIGNATURE

The state of the s الأخلا الحدائلين وليندوك المتريثة المرافعة بالمتراث وسراد والمتراث فالمتوفقين Thy depart of the figure at the section of the sect Constance a similar supplies and a THE REAL PROPERTY OF THE PARTY

DHMH - 17 (VR A15 ME (5)) 15M 7/76

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	1 - 5	FOR STATE		DEPARTMENT OF	HEALTH	AND MENTAL HY	GIENE	8	4 9	
	F	REGISTRAR	ME	DICAL EXAMIN	IER'S C	ERTIFICATE OF	DEATH REG. NO			7.7
		CEASED NAME FIRE OR PRINT)	CLIDE	MIDDLEALLEN	BRI		2a. DATE KNOWN Y	MONTH	DAY YEAR	2b. HOUR
			Elycle	A		itton	DEATH MATED	7-1	14 1980	LAM
	3 SEX	MALE WHITI	MAY 11,				MIN. PRONOUNCED DEAD	July 1	19 19 80	2d. HOUR
5	FOI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W		WIDOW		Men	tgim.	ery	MD.
0	10. CI	it hers but	7 Rout	SPITAL, NURSING HOM ACHITY, GIVE STREET ADDRESS) - 270 - Man	moni	t. dillare	120 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) $Labor$		OR INDUST Hauling	TRY
6	USUA 130 ST M	AL RESIDENCE (IF IN NURSING P TATE 13b. C [aryland]	HOME OR OTHER INSTITUTION, GOOD TO	13c CITY OR OWN	ERSBU	RG 134. INSIDE CITY LIMITS? YES X NO []	13e. STREET ADDRESS Summ	nit Av	е.	
0	14. FA	THER'S NAME Louis A	. Briti	ton		15. MOTHER'S MAIDEN	a J. Gaith		LAST	
1	16a. W	VAS DECEASED EVER IN U.	S. ARMED FORCES? S. GIVE WAR OR DATES)	16b. SOCIAL SECURIT		17. INFORMANT	ADDRESS			
		no		217-42-20	627	Agnes Gait	her Same as	# 13		
	NOIL NOIL	Conditions, if any, gove rise to imme couse (a) stating the ulying cause last. PART 2 OTHER SIGNIFICANI (OND	AUSED BY: IEDIATE CAUSE (a) Which Iediate Index (b) DUE TO, OF (c) INTIONS CONTRIBUTING TO DEATH	Multiple R AS A CONSEQUENCE R AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF OF MINAL DISEASI	Uto . Trav o	m a		BETWEEN ONS	
2	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH OPER	RATION W	'AS PERFORMED?		18	28. AUTOPSY	NO DY
3	MEDICAL CER	210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUS	E OF DEATH 12 5	1. MONTH DAY YEA 7- 14 198	E M	wck by tw	CENTER NATURE OF INJURY IN ITEM 18	48 6	A A - A)
5	MED	21d INJURY OCCURRED WHILE AT WORK AT WORK	A CYARTY CA	OF INJURY (AT HOME. TORY, FARM, ETC.) TORY, FARM, ETC.)	n m	ent Village.	Gaithershure	Mon	Egennery	Md
5	¥	22a. I certify that I took death resulted fram:	charge of the remains de		Autop uicide 🔲	, Homicide .	Undetermined monner.	nd in my opir	nian	
2		ACTUAL SIGNATURE	John 13. 13	ell D.	M	De Puty	MEDICAL EXAMINER	DATE	July 14	11180
		(TYPE OR PRINT)	John G. Ba	II Bet	nesda	Md . ADDRESS				
	(2)	URIAL CREMATION, REMO	July 16,19	980 Forest	Oak (Gaithersburg			ITATE
		PRANCIS H. BA	RBER LAYTO	NSVILLE, MD	. 20	760 25a. DATER	L 1 7 1980 256. RES	STRAR'S SK		ly



1 - STA				ICAL EXAMIN	IER'S C	ERTIFICATE O	F DEATH	REG	. NO.	3 4	9.2
1. DECEA		LOUIS			RODSK			OF ESTI	July	13 180	26. HOUR L:20s
		TITE J	an 19,	1909 71 Y	AY) MONTH		MIN PRON	OEAD		3, 1 ₁ 980	1:20,4
RU	PLACE (STATE OF SSIA	u	. S. A		WIDOWI		IED 📙	MONTGON			MC
Si	or town of de lver Spr	ing,	Holy C	ITAL, NURSING HOM LITY, GIVE STREET ADDRESS) ross Hospi	tal	R INSTITUTION		CCUPATION F WORKING LIFE) PORTAT]		126, KIND OF BI OR INDUST	TRY
13a STAT Ma:	ryland	URSING HOME OR OTHER II 13b. COUNTY Montgom		residence before admiss 13c. CITY OR TOWN Silver S		YES 💢 NO 🗌		DDRESS iversi	ty Blvd	1 West	#1017
30.	ER'S NAME SEPH	WIDDLE		BRODSKY		15. MOTHER'S MAIDE FIRST SARAH	ENNAME	MIDDLE	RIMA	MERMAN	N
	DECEASED EVE	R IN U.S. ARMED FO (IF YES, GIVE WAR OR D		578-01-10		17. INFORMANT LILLIAN	B. BRO	DSKY,		5 #13	
ERTIFICATION 112	a DATE OF OPER	immediate and the under-	19b. CONDITION	MONIE (21c. HC	OR CONDITION GIVEN IN PASS PERFORMED?	RILIA () =	OF INJURY IN ITE) sea	ZD. AUTOPSY YES []	Y? NO Г
DICAL	NDERLYING DONTRIBUTING DONTRIBUTING DOLD DOLD DOLD DOLD DOLD DOLD DOLD DOL	CAUSE OF DEATH	P.M. 21e. PLACE OI	MONTH DAY YEA 19 FINJURY (ATHOME,)PY, FARM, ETC.)	21f. LOC	CATION	CITY	OR TOWN	cou	үтиц	STATE
		t I taak charge of the	172	ribed abave, held an Accident , S	Autops		Undetermin	ed manner [and in my ap DATE SIGNE	o July	13,
(T	(AMINER'S NAM YPE OR PRINT) _ AL, CREMATION	RICHA REMOVAL 23 b. DAT	RD	L WWE	WETERY, O	Abus Z	Bell IOCATI	D ON	e Cal	Leget	all)
(SPEC	BURIAL	7/1	5/1980	MEMORIAL F		CONGREGATI CEMETERY _{ATE}		TOL HE	IGHTS, REGISTAR'S S	PR. GE	0., M1
				W., WASHIN		D. C.	JUL 17	1980	Tirkrey	1 McCre	ody

Tion and two partners of the land of the farmer and the compared the compared to the compared AT THE REPORT OF THE PARTY OF T

	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 0	184	9
		EASED NAME FRST PRINTING Franci	s Calvert	Brooke, Jr.			:05
	3 SEX	T L GIL GI	I4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHO		FUNDER
200	0 00.	Male	Caucasian	Sept. 7,1914	6.5		HOURS
ried at o	7R BIR	THPLACE (STATE OR FOREIGN UNTAY) Virginia	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DOORCED	BALTIMORE CITY OR Mont gome		
		YOR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION T ADDRESS)	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF V Attorney	N 12h, KIND OF E VORKING LIFET INDÚSTRY	BUSIN
35	13a S	TATE 1136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		13. STREET ADDRESS 3422 Mano	r Road	
cal exam	14_FA	THER'S NAME FIRST Francis C	MDDLE alvert Brook	15. MOTHER'S MAIDEN NA	WE	Wilso	n
the medical		AS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC		ADDRESS	S	
iry, or other traumatic event.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) (c)	Respiratory For JENCE OF CIPINA OF CERVICE DEATH BUT NOT RELATED TO THE TERM	monitis	1 m	
V Inju	z	PART 2 OTHER SIGNIFICANT					
S shows any inju	TIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION NOV (979	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	F DEA
0	CERTIFIC	9a DATE OF OPERATION	196 CONDITION FOR WHICH LOFAL ASAMAS. 216. TIME OF INJURY HOUR A.M. MONTH D	HOPERATION WAS PERFORMED US STRUCTUM 216. HOW INJURY OCCUR	200 AUTOPSY? YES NO 🔀	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES [F DEA
marked or Item 18 shows any inju	MEDICAL CERTIFICATION	NOV (909) 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE	196 CONDITION FOR WHICH LOFAL ASAMAS. 216. TIME OF INJURY HOUR A.M. MONTH D	HOPERATION WAS PERFORMED LOS TRUCTION DAY YEAR 19 211 LOCATION STREET	200 AUTOPSY? YES NO S RED (ENTER NATURE OF INJURY)	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	F DEA
If Item 21 is marked or Item 18	MEDICAL	196 DATE OF OPERATION NUV (9/19) 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINES 216. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220-1 certify that (1) (this hasp	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	HOPERATION WAS PERFORMED LOS TRUCTOS 21c. HOW INJURY OCCURI 19 FARM, ETC.] 21l LOCATION STREET 3017, 19 C and that In (my) (aur) apinian DEGREE	200 AUTOPSY? YES NO S RED (ENTER NATURE OF INJURY) CITY OR TOWN To Present the date	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES COUNTY COUNTY 19 , the and hour and from the cau	ot (I)
00	MEDICAL	196 DATE OF OPERATION NUV (9/7) 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 216. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (this hasp sow the deceased alive, a abave (1)/we) (did i (sid n 226. SIGNATURE WWW.	196 CONDITION FOR WHICH Let A Lesphase ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 10tal) attended the deceased from John 30 19 19 19 19 19 10 10 10 11 11	PARM, ETC.) PEGREE M D ATTENDING PHYSICIAN L 224 ADDRESS	200 AUTOPSY? YES NO S RED JENTER NATURE OF INJURY I CITY OR TOWN A to Present death occurred an the date MEDICAL STAFF DIRECTOR PHYSICIA	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES COUNTY COUNTY 19 , the and hour and from the cau	of (I)

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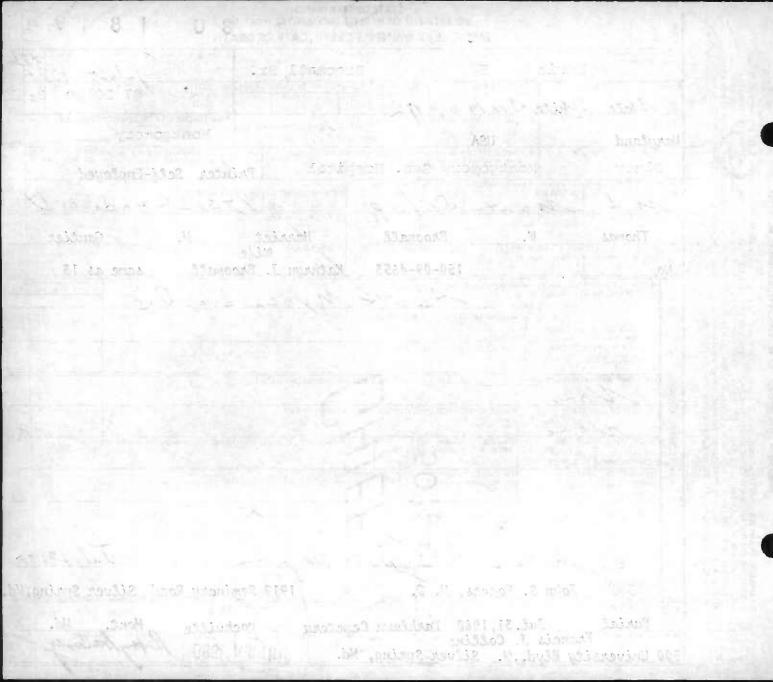
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	1.	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 REG. NO. 18 4 9								
		CEASED NAME ORPRINT)	FIRST	BERT	IRVIN		BROWN	20 DATE OF DE	26. HOUR 10:50Pm				
	3 SE	(140 2	4 RACE	INVIN	5 DATE O	OF BIRTH	6. AGE (IN YEARS		IF UNDER 1	YEAR IF UNDER 24 HRS		
	M	ALE		WHIT	E	SEP		79)	YRS.	DAYS HOURS MIN		
17	C	RTHPLACE (STATE OR DUNTRY)		Th CITIZEN C	OF WHAT COUNTR	MARRIE	D NEVER MARRIED	9. BALTIMORE		OUNTY OF DEAT			
		TY OR TOWN OF DE		11. NAME C	DE HOSPITAL NUR	SING HOME	DR OTHER INSTITUTION	12e USUAL OC	MONTG CUPATION		MD ND OF BUSINESS OR		
10		WHEATON		RAN		LLS NUR	SING HOME	TYPE OF WORK FO	TRICI		I.B.F.W.		
35	136.3	AL RESIDENCE (IF NU ITATE ARY LAND	MONT		STLVER		YES NO D	130. STREET ADI		S MILL R	OAD		
6		THER'S NAME		MODUL	LAST		15. MOTHER'S MAIDEN NA	AME A	AIDOLE	U. R.	SASE		
90	Tán V	WILLIA VAS DECEASED EVE		H.	BROWN 180 SOCIAL SE	Name and Address of the Owner, where the Owner, which the	CATHERI		ADDRESS	WALSH			
1		ES. NO OR UNKNOWNS		E WAR OR DATES!		5-8315	RITA C. BLAI	HTER		The state of the s	TEST LANE VIRGI N IA		
		IN CAUSE OF DEA	TH :Enter or	nly one couse (per line for ion, its/		t: 1		0	7 4 1 10	PROBLEMATE SITERVAL WEEN OPIGET AND DEATH		
		PART L DEATH	WAS CAUSE IMMEDIA		Mexi	acka	lle Care	uama	916	elus	6 mas		
		1629	0.000 B 200	100000000000000000000000000000000000000	OR AS A CONSEC	DUENCE OF	2. 1	. 0	\forall .	H	1		
		Conditions, if an		(ib)	Nem de Overes ex-	A42,044,040)	Manchago	ence ()	are	nauk	(o mas		
			nmediate ing the	DUE TO	OR AS A CONSEC	DUENCE OF	0		1101-2-2-30				
		underlying cou	er fost	(6).									
	NO	PART 2 OTHER	Da	gest	CONTRIBUTING T	Hea	NOT REPATED TO THE TERM	AINAL PREASE OR CONDITION GIVEN IN PART TO					
9	IFICATION	1% DATE OF OPER	ATION (THE COM	NDITION FOR WHI	CH OPERATIO	IN WAS PERFORMED	10s AUTOPS	IN.	N. IF YES, WERE FI CERTIFYING CAL YES [7]	INDINGS USED USES OF DEATH? NO [7]		
7	CERT	71s. ACCIDENT WAS U	HOBBLENG [E OF INJURY	970 (1000)	211 HOW INJURY OCCUP	YES NO YES NO NO REED (INTER NATURE OF INJUST IN TIEM IS, PART 1 DEPART 2)					
7		OR CONTRIBUTING [4164	A.M. MONTH	DAY YEAR	Securing Contracts Section						
-	MEDICAL	214 INJUNY OCCU	RRED	71s. PLAC	CE OF INJURY	OF INJURY 211			STATISTICS	6571	20020		
	×	AT WORLD NOT	WHILE [(AT HOME	STREET, FACTORY, OFFI	CE. FARM, ETC.)	\$TWEET	0	TY OF TOWN	COUNTY	STATE		
		77s I certify that	this hosp	(pl) attended	the deceased from	m_17	Jul 10 Pc	2 to	1 Sms	10 82	2. that (B(we) last		
		sow theeleres	and oli-	num	02/ 10		athat in my (aur) opinion	death accurred a	on the date of	and hour and ron	the spilet waters.		
		27h SKINA CHE	(did) did no	wew the bo	dy alte death		DEGREE COM	ing (1)	for	1 South	NE SIGNED		
		UXA	1.	KC	701111	ail	ATTENDING PHYSICIAN	DIRECTOR .	Pollo	age der	10 10		
		774 PHYSICIAN'S	AME (TYPE	a Pinci)	2	-	71e AMPRASS	10	. /	1	Spirio		
1		ALAM	IZ.	KE	RMAZE	ER, M	\$ 9x0/8	Leavig	eal	ene. 55	- Mada		
	73a. 8	BURTA	L REMOVAL		1/80		EMETERY OR CREMATORY	SUA S	HINGT	ON. D. C	STATE		
Л	24 FI	JNERAL DIRECTOR	FRANC	IS J.	COLLINS		25e. DA	TE REC'D. BY REG	ISTRAR 250.	SISBAR'S T	MY ORE		
79	Į.	500 UNIV.			ADDRESS	NG. MD.	20901 JU	JL 21 19	80	7	7		
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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral utilishould be detached for use as the burial-transit permit. Then pleas remove carbon papers. Pages 1 and 2 should be filled within 72 lins with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be notified at above.

notified at ope

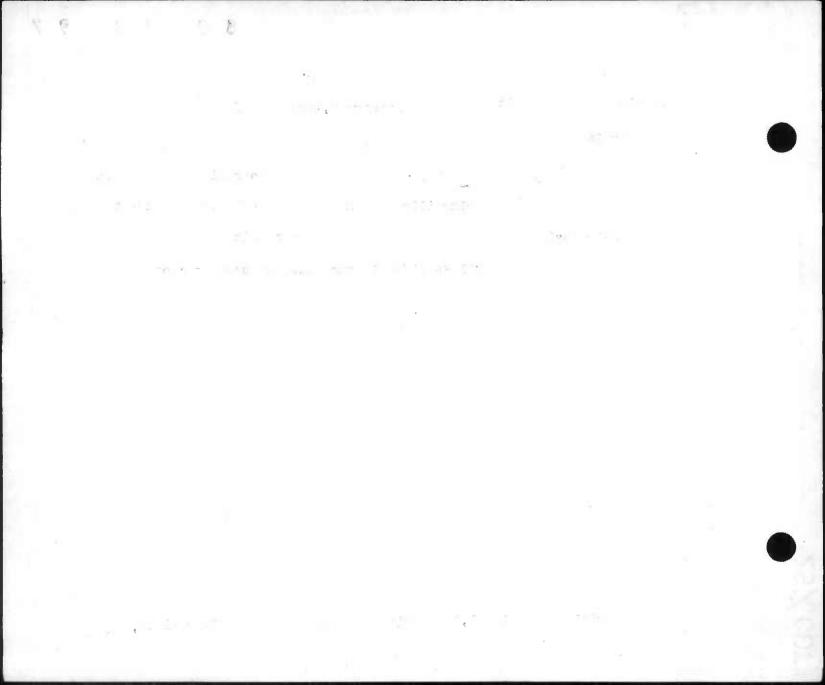
STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

1	FOR STATE REGISTRAR		DEPARTN			ND MENTAL F OF DEATH	TYGIENE	8 U REG. NO.	1 0	6-4	y 0		
I. DI	ECEASED NAME FIRST JOSEPH		NKLIN	BURRO	NS WS	SR.	20. 2.	July 9, 1980					
3. SE	Male	4 RACE whit	S. DATE OF BIRTH MONTH MAY 21, 1906 B. MARRIED A NEVER MARRIED WIDOWED DIVORCED				6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 1 YEAR HOURS						
1	SIRTHPLACE ISTATE OR FOREIGN COUNTRY) Wash., D. C.	76 CITIZEN OF					Montgome	ery		MD.			
1	Bethesda	(F Ferm	NG HOME OR OTHER INSTITUTION				SUAL OCCUPATION OF WORK FOR MOST OF WO mer-Opera	RKING LIFE) IN	IDUSTRY	-Supply			
13a.	JAL RESIDENCE (IF NURSING HOME O STATE 136 COUI Maryland Moi	NTY	Give residence before	VN 134 INSIDE CITY LIMITS?			8	reet address 630 Brinl	Road				
	ATHER'S NAME William		rrows		М	er's maiden first ary	-	Curran	•	LAS	ī		
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	577-10-6		17 INFO		Burr	ows Same	e as #1		AATE INTERVAL USET AND DEATH		
TION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, O (c) CONDITIONS CO	R AS A PISEOUE	DEATH BUT		CT ATED TO THE TE		DISEASE OR CONDITION					
CAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	21b. TIME C	OF INJURY M. MONTH DA				YE		b. IF YES, WEF CERTIFYING YES T	CAUSES			
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK 22d. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no 22h SIGNATURE	ottended for	reet, FACTORY, OFFICE, F.	O A	that in	my) our) opin ATTENDING PHYSICIAN	G MEI	ccurred on the dote of	and hour and	from the			
23a.	Paul Noone BURIAL, CREMATION, REMOVAL (SPECEY) BURIAL	23b. DATE	2,1980 G		EMETERY	OW . Edmo	RY 23d	Dr. Rock	ing Mc		STATE		
	Tamels H. Barbe				2076	100	OL REC'	581980 RAR 253	DEGISTRATS	SIGNU	URE		

BP DHMH - 16 50M 1/76 (VR A 15 (4))

. d. C E F C Supplementary

		FOR STATE REGISTRAR	DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		REG. NO.	1 8	4 9	7			
	(TYPE	CEASED NAME FIRST OR PRINT) LAVOL	DA P	Z	BURTON	7 DATE OF	7-	18-8	-80 926				
director, products often	3 SEX	emale	White		of Birth 1895	6 AGE (IN YEA	YEAR IF UNDER 24 HE DAYS HOURS MIN	IF UNDER 24 HRS HOURS MIN					
tuneral dire	70 Btl	RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	DUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED			+ BALLIMORE CITY OR COUNTY OF DEATH						
by the filled with	51	TVERSONING	11. NAME OF HOSPITAL, NURSING MOTOR STREET	3 P	tospital	housew	CCUPATION FOR MOST OF WORKIN TLFE	GUEL INDU	ND OF BUSINESS O STRY IOME	OR			
illed and a	13a. S	AL RESIDENCE IN AURSING HOMEON	PG I3c CITY OR 10V Beltsvi	t ADMISSION) N 1e	YES NO		OPRESS Usange S	Street					
completely f	14. FA	THER'S NAME FIRST John Bog1	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	Smith	MIDDLE	lan	LAST				
Pages I	16a V (Y	VAS DECEASED EVER IN U.S. AR (IF YES, GIVE 100			17 INFORMANT L Nancy Sween	ey same	as abov	re	-				
ss been signed by the attending phy ermit. Then please remove carbonpo e prior ta burial, cremation, ar remo s any injury, ar ather traumatic even	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost	TE CAUSE (o) C 9 D U	ENCE OF ENCE OF DEATH BUT THE	ilcen	AND ANTOR	OP CONDITION	GIVEN IN PA	RT 1(0) INDINGS USED USES OF DEATH?				
efained by the hospital or attending physician. 10 FUNERAL DIRECTOR. After this certificate ha should be detached for use as the burial-trainst privil the State Dept of Health and Mental Hygienian MPORTANT: If them 21 is marked or them 18 show	MEDICAL	sow the deceosed alive an above, (I) (we) (did) (did no above, (II) (we) (did) (did no above, III) (we) (did) (did no above, III) (we) (Alive)	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 101) ottended the deceased from 2 11) view the body after death. 12 13 14 17 17 18 17 17 17 17 17 17 18 17 17 18 18 18 18 18 19 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	19 FARM, ETC.) 7 0 80.0	10236	ted (enter nature) to to the depth occurred to the dical process of the depth occurred to the depth occurred	on the date and	LOUNT 19 De hour ond from	y STATE				
P DHMH-16 20M /RA 15, 4) 7/78	-	URIAL, CREMATION, REMOVAL	73b. Date July 21,1980	Union	Cemetery or Crematory Cemetery 250, Day	REC'D. BY RE	GISTRAR 256. RE	1e, Md	STATE	>			



DHMH-16 20M (VRA 15, 4) 7/78

1		FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 ()	10.	8 4	9 8	
		EASED NAME FIRS			urwell	į.	AST	July 26.		DAY YEAR	25. HOUR 6:29P	
3	SEX			RACE	42.0022	5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS	
		emale		Blac	k	MONTH	DAY YEAR			MONTHS DAYS	HOURS MIN	
70	BIR	THPLACE (STATE OR FOREIGN	7h.	76 CITIZEN OF WHAT COUNTRY? \$			14	55 BALTIMORE CITY	YRS OR COUNTY	OF DEATH		
el .	CO	th Carolina	114	U.S.A		MARRIEI	DI DIVORCED	Montgom				
		Y OR TOWN OF DEATH	11.			WIDOWE NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12h KIND O	F BUSINESS OF	
100		ver Spring		704 Ma	libu Dri	Ve		Housewi	_	FE) INDUSTRY		
2 13	5UA e 51	RESIDENCE (IF NURSING HO	OUNTY	ER INSTITUTION,	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
			onto	omerv	Sil. Sp	ro.	YES 🔀 NO 🗌	704 Mal	ibu Dr	rive		
5014	FAI	Willie Mong	er MiDE	DLE	LAST		15. MOTHER'S MAIDEN NA	LAS	LAST			
1 160	W	AS DECEASED EVER IN U.	S ARMEI		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR				
Ĺ	(YE	s, no or unknown) (IF YE	S, GIVE WA	R OR DATES)	229-22-	5943	Wadell Burw	ell, Husban	d	SAA		
	٦	R CAUSE OF DEATH (Ent PART I. DEATH WAS C	ter only o	ine couse per	line for (a), (b), a	nd Ici				BETWEEN	MATE INTERVAL ONSET AND DEATH	
		Conditions, if any, whice gove rise to immedia couse (a), stating the underlying couse los	te ne	(b)	R AS A CONSEQU							
Z		PART 2 OTHER SIGNIFICA	ANT CON		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COM	EN IN PART 16	31		
	1	90 DATE OF OPERATION		196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?		
7	-	_	218. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAL	OF DEATH	21b. TIME O HOUR A.:	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, P	PART 1 OR PART 2)	
/ WEDIGEN	MEDI	WHILE OCCURRED NOT WHILE AT WORK)	21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		220 I certify that (I) (this saw the deceased ali- above, (I) (we) (did) (c 22b. SIGNATURE	ve on	フール	719	od that in (my) (our) opinion	death occurred on the c	dote and hou				
_		22d. PHYSICIAN'S NAME (77 S TYPE OR PRI	NT)	nas	2 %	M. D ATTENDING PHYSICIAN [MEDICAL STA		7-	28-5	
1		L. McGowan	, M.	D.			2150 Penna.		Wash	n., D.C.		
L	(5)	irial, cremation, remo Burial		7/30/8	O Ca	rver M	emetery or crematory emorial Park	23d LOCATION CITY OR TOWN Suffolk		county inia	STATE	
M /78	FU	MCGUITE F	uner	al Ser 740	viceinc O Ga. Av	e., N.	141	E REC'D. BY REGISTRAN	25b. REGIST	RAR'S 51/2 IAT	وسنا	

STATE OF MARYLAND

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	-[REGISTRAR				CERTIF	ICATE OF DE	EATH		REG. NO							
	ſ	DEC	EASED NAME	FIRST	,	MIDDLE		AST		2a. DATE OF	DEATH *	ONTH D	AY YEAR	2h HOUR				
age 3 death	-1	(ITE	-	ma		F.	C	utler			00	1 7	1 1980	810	PM			
od p	ŀ	3 SEX			RACE		5 DATE C	OF BIRTH		& AGE (IN YEA	RS LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS			
0 10		,	Female	2	Blac	K	MONTH 3	28	1890		90	YRS	AONTHS DAYS					
2 8			RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 MARDIE	D NEVER M.	ARRIED []	9 BALTIMOR	E CITY OR	COUNTY	OF DEATH					
ot ou		V	arvland		USA		WIDOW	DM DIV	ORCED [Montgomery								
e X		10 CI	TY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTI	TUTION	12a USUAL O			12b. KIND C	F BUSINE	SSOR			
by the	O	K	schuille		Coller	ia = wood	Nun	sini Cei	nter	House			"House	keep:	ing			
e o o		USUA 130. S	L RESIDENCE (IF NUI	13b COUNT	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	A 134 INSIDE CIT	IV I IAAITS 2	12. STREET A	DDBESS							
should be ner must be	5		rvland	Mon		Damascu				9430 Holsey Road								
The state of the s			THER'S NAME	7				IS MOTHER'S			4		5					
ond ond exam	1		John John	M TJ	IDDLE	Holse	37		rsi theri	no He	ddie		Potts					
comples I one		16a W	AS DECEASED EVE	R IN U.S. ARA	AED FORCES?	166 SOCIAL SECU		17 INFORMAN				Sual	sey Ro					
Poges		{Y	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219 05	274	t.111	ie Hol	Sev	- 4				a			
Ders. P	-	-	no					y Dill.	re no.	Lacy	Dama	scus						
hysic oop ovol nt, t	- 1		PART I. DEATH V	TH (Enter only WAS CAUSED	y ane cause per	Marion for, or	d ic	nest					BETWEEN	MATE INTER	DEATH			
g phys conpap remova	- 1			IMMEDIATE	CAUSE (a)	1000W	- 20	10001	-	-2 /		1	1,					
actendini nove corb iation, or r troumotic	- 1	DUE TO, OR A SESSIFICATION OF A DOLLAR OF MARCHAN ():											1.					
offe pove ntion	- 1			ny, which (b) The work of the state of the s										13.				
d e e e	- 1		gove rise to im couse 101, stati	ing the	DUE TO, O	R AS A CONSEOU	ENCE OF											
by sose ol, cr	- 1		underlying cous	e last	(c)													
an ple burne ry, a	- 1		PART 2 OTHER SIG	INIFICANT CO	ONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED 1	TO THE TERM	INAL DISEASE	OR COND	ITION GIVE	N IN PART 16	a)				
The The	- 1	ō																
mit prio	3	CERTIFICATION	19a DATE OF OPERA	ATION	196 COND	MED	20a AUTOF	, WERE FINDIN										
an has t per ene	X.	THE								YES 🗌	NO.		5	NO [
hysici cate ronsi Hygi Hygi	7	CER	210. ACCIDENT WAS UN		216. TIME O		YEAD	21c HOW INJ	URY OCCURR	ED (ENTER NATI	JRE OF INJURY	IN ITEM 18, PA	ART 1 OR PART 2)					
entol	/	¥	OR CONTRIBUTING															
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or a Afte e as olth mort			22a. certify that (al) attended til	awlerensed from	7/7/3	7	10 80	10 /	7/1/8	30	10	that (I) for	- lost			
OR OR	- 1		saw the deceo		7/	180_19		nd that in (my) (aur) apinian d	death occurred	on the dot	e and haur			,			
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etained by TO FUNER, should be a with the Sta	1		Melton	D. W	estbe	my M.	P.,	2/104	19510		rive	Salth	erbor;	9 14	d,			
5 1 2 > 2	1	23a B	URIAL, CREMATION	REMOVAL	23b. DATE	the state of the s		EMETERY OR C		23d. LOCAT	TOWN		COUNTY	STA	TE			
BP	J		Burial		July	10,80	Frie	ndship		- CALLET	scus		ontg.	Mo	d.			
DHMH-16 20M	- 1		INERAL DIRECTOR			ADDRESS			250 DATE	REC'D. BY RE	GISTRAR 2	IL REGISTR	RAR'S SIGNAT	URE				
(VRA 15, 4) 7/78		C	lin L. I	Moles	worth.	PA Dam	ascu	s. Md.		JL 1 5 1	980	proj	Fire / 1986	Chead	y			
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ULLS .. Tolesmore. "N Lamascus, "d.

	DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201
TO MEDICAL EX	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEC
PAGE 4 SHOUL	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5.
TO FUNERAL D	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WI
AFTER DEATH, V	IENE, DIVISION OF
BALTIMORE, MA	BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

		ASED NAME	FIRST		MIDDLE			LAST		2a. DATE I	REG. NO	MONTH D	AY YEAR	2b. HOUR
L	IIFE		Margai	ret	Rose			rey			MATED	7 23	1980	M
	EX Te		hite	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHOA	Y) MONTH		URS MIN.	PRONOUN DEAD	CED	7 23	3 1980	2d. HOUR
70	BIR	THPLACE (STATE (Jun. 14 76. CITIZEN OF W	1915 HAT COUNT		1	D NEVER	MARRIED [9. BALTIMO	ntgome	-	OF DEATH	
10.	CIT	ORTOWN OF D		11. NAME OF HO	SPITAL, NUR ACILITY, GIVE STI 1top I	DEET ADDRESS!			120.	USUAL OCCUP OR MOST OF WORK HOUS EWE	ATION (TYPE			JSINESS RY
130 M	STA	RESIDENCE (IF IN	NURSING HOME OF 135 COUNT MONTO	ROTHER INSTITUTION, C TY OMETY	SILV	DEFORE ADMISSION OR TOWN	ing	13d. INSTOE CITY LIE YES N	Mits? 13e 5	Hillto	p Road	1	No.	
		HER'S NAME FIRST Alexande		MIDDLE	McCoru			15. MOTHER'S FIRST	nnah	Mil	DOLE	Med	cher	
	O (YES	AS DECEASED EV NO, OR UNKNOWN)	(IF YES, GIVE V	AED FORCES? WAR OR OATES) y ane cause per lin	324-	01-120		George	Buardi G. Hi	an ggins		1312 Ington,	Mass.	
NO		gove rise cause (a) stat lying cause la	f ony, which a immediate ing the <u>under-st</u> .	DUE TO, O	R AS A CONS	DMY OP A	OF OF	OR CONDITION GIVE	EN IN PART 1 (a)					
TIFICATI		19a. DATE OF OPI	RATION	19b. COND	ITION FOR V	VHICH OPER	ATION W	AS PERFORMED)?			2	YES XX	
MEDICAL CERTIFICATION	The second	INDERLYING CONTRIBUTING	OR CAUSE OF D	P./ 21e. PLACE	M. MONTH M. OF INJURY	19 (AT HOME,	21f. LOC		CURRED (EN	TER NATURE OF INJU	JRY IN ITEM 18 PA	ART 1 OR PART 2)		
M		AT WORK AT		e of the remains de	escribed abav	re, held an		Homicide		, Inquiry determined ma	, ond	COUNTY		STATE
		EXAMINER'S NAME TYPE OR PRINT)	AE HOI	rmez R. O	lard,	д м.D.	M.	ASSIST	ant_,	Penn St		DATE SIGNED_	7-24-	-80
	Bu	RIAL, CREMATION CIFY, rial	V,REMOVAL 2	Jul. 26.19 S J. Col	980 Ga		AETERY OF	crematory n Cemes	TOTUS DATE REC'D	LOCATION THY OR TOWN BY REGISTRA 10 198	pring	COUNTY Mant		Md.

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any injury, or other traumatic event, the

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
	CEASED NAME	FIRST		MIDDLE	1	AST	2a DATE O		TH DAY	YEAR	2b. HO	UR
(TYPE	ORPRINT) Wa	rren		Н.	Ca	rter	July	31, 1	980		8:3	30Pm
3 SE	х	4	RACE		5. DATE C		& AGE (IN Y	EARS LAST BIRTHOAY		MOER I YEA	_	R 24 MRS
	Male Caucasian Feb. 17,				17, 1922		5 8	YRS.	ITHS DAYS	HOURS	MIN.	
	IRTHPLACE (STATE OR FO	REIGN 7	CITIZEN OF	WHAT COUNTRY?	1	D 🗷 NEVER MARRIED	1 BALTIMO	RE CITY OR CO	O YTHUC	DEATH		
Vì	rginia	1	United	States	WIDOWE	-	Mont	gomery	Cou	nty.		MD.
10 C	ITY OR TOWN OF DEA	TH I			G HOME C	OR OTHER INSTITUTION	12a USUAL	OCCUPATION			OF BUSIN	IESS OR
В	ethesda			irban Ho		al	Ret.	Police			ntg.	Co
	AL RESIDENCE (IF NURSI	NG HOME OR O		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13. STREET	ADDRESS				
	Md.	Mont		Bethes		YES TAY NO T	5326		aran	as R	d	
14 F/	ATHER'S NAME	HOHE	5.	Deches	sua	15 MOTHER'S MAIDEN NA		lusca	alaw	3 1	U.a.	
	Clifton	MI	DDLE	arter		Ch a ml a h	4	WIDDLE			AST	
14- 1	WAS DECEASED EVER	ADAA		I SOCIAL SECU	DITY NIO	Charlot	re	ADDRESS	S	narp	e	
(YES, NO OR UNKNOWN)	(IF YES, GIVE V	AR OR DATES)					3				
	es	WW I	I	\$77 - 22-7	/655	Jane Cart	er	Sa	ame	as 1	3	
	18 CAUSE OF DEATH PART I. DEATH W.	Enter only	ane cause per	line far (a), (b), and	dici.i	2 \ 0				BETWEE	XIMATE INT	D DEATH
		IMMEDIATE		- Cera	hal	L. Wender	well-			-1	0-0-	20
	43/-		DUE TO, O	R AS A CONSEQUE	NCE OF	4	,					
	Canditions, if any,		(b)	ceren	ral o	erling get	Una	nio .		4	20	9
	gove rise to imm cause (a), stating		DUE TO O	R AS A CONSEQUE	NCE OF 1							
	underlying cause	last.	(c)		\	myperten	sun			1	ed	10
	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E OR CONDITIO	ON GIVEN	IN PART	l (a ·	
S S	Antic	rea	mate	of ton-	rece	of mysca	relial "	Merc	1			
¥	19a DATE OF OPERAT	ION U	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY? 206	IF YES, V	ERE FIND	INGS US	D
CERTIFICATION			4				YES	NOU	CERTIFYIN		NO NO	
*	210 ACCIDENT WAS UND	ERLYING	216. TIME C			21c HOW INJURY OCCUR	RED (ENTER NA	ATURE OF INJURY IN I	TEM 18, PART	I OR PART 2)		
	OR CONTRIBUTING C		100	M. MONTH DA	YEAR							
MEDICAL	214 INJURY OCCURR		21e PLACE		14	211 LOCATION						
¥	WHILE ONOT WHE	HLE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC }	STREET		CITY OR TOWN		COUNTY		STATE
	220 1 certify that (I)		li-attended th	e deceased from	1710	1080	to .)	ug 31	1 6	20	, that (I)	(ve) last
	saw the decease	d alive an_	July	3/ 19 8	0 .01	nd that in (my) (ever) apinion	death accurre	ed on the date o	ind haur a	nd fram th		
	abave, (I) (ww) (d 22h. SIGNA) URE	id) (didatet)	view the bady	alter death.		DEGREE				22c DA1	E SIGNED)
	Krosl	Um'	& ille	12. 2	D.	ATTENDING	MEDICAL	STAFF PHYSICIAN		Au g	sust 19	30
	224 PHYSICIAN'S NA			+ + + -		??e ADDRESS						
	Russel	1 M.	Tille	ey, Jr.,	M.D	4701 Massa	chuse	tts Av	e. N	W Wa	sh.	D.C
				Las			Invisor	. 7/0.1				

should be detached for use as the burial-transit permit. Then pl with the State Dept. of Health and Mental Hygiene prior to bu IMPORTANT: If Item 21 is marked or Item 18 shows any inju TO FUNERAL DIRECTOR: After this certificate has TO HOSPITAL OR AT

DHMH-16 25M (VRA 15, 4) 1/79

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Cem.

CITY OR TOWN

COUNTY

STATE

Burial Parklawn HOMES, P.A., BETHESDA, MARYLAND 24 FUNERAL DIRECTOR

Rockville

250. DATE ALDGEVEREGISTRAP 150. REGISTRAR'S SIGN

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æ/	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 0	8 5 0
	1 DECEASED NAME FRIST	MIDDLE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 2h. HO
y be	Patricia	Ann	Caster	July 15	5,1980 8:
ma per de	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
age 4 ecto rs afi	Female	White	March 16, 1939	41 YRS	
hour hour	7a BIRTHPLACE ISTATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	
nera 72	coudhio	USA	WIDOWED DIVORCED	Montgomery (County,
ithir not	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION TADDRESS) NIH	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	12h. KIND OF BUSIN
urs a	Bethesda	Tlinical Cente		Secretary	Consult
filled in uld be fill miner mu	USUAL RESIDENCE (IF NURSING HOMEO 136 STATE 136 COU Maryland Mon	NOTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13t. CITY OR TOV Egomery Bethe:	READMISSION) NN	13e STREET ADDRESS 7608 Westlake	200 Terrace
mpletely nd 2 should be sh	Milbur	MDDLE LAST Budd	IS MOTHER'S MAIDEN NA	ME MIDDLE	Sosnosk
Pages 1 a	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 272-34-		ADDRESS S Caster (husbar	Same as 1 nd)
hysicia apers. moval. c even	PART I. DEATH WAS CAUS			INTESTINAL H	RETWEEN ONSET AN
ned by the attending p blease remove carbon p urial, cremation, or rer iury, or other traumati	Conditions, if any, which gave rise to immediate cause ion, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	JENCE OF V	MELANOMA	- GMO
hen property to by inj	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	TEN IN PART TO

Sosnoski Same as 13 pand) APPROXIMATE INTERVAL GIVEN IN PART 10 CERTIFICAT 19a DATE OF OPERATION 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED shows 196 CONDITION FOR WHICH OPERATION WAS PERFORMED should be detached for use as the burial-transit permit. with the State Dept, of Health and Mental Hygiene pri IN CERTIFYING CAUSES OF DEATH? YES K YESXT NO. NO I MPORTANT: If Item 21 is marked or Item 18 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL IF EITHER, NOTIFY MEDICAL EXAMINER P.M 21e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE TO FUNERAL DIRECTOR: and that in X_y) (aur) apinion death occurred on the date and haur and from the causes stated 22c DATE SIGNED 226 SIGNATE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN uly 16,1980 224 PHYSICIAN'S NAME ITYPE OR PRINTS of Health National Institutes 20205 Bethesda Center. 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION 23e BURIAL, CREMATION, REMOVAL 236. DATE Silver Spring, Md. STATE Buria1 1980 Gate of Heaven 26 DATE BECO. BEREISTRAR 281 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert Pumphrey Funeral Homes, P.A. **DHMH-16 25M** Bethesda, Md. (VRA 15, 4) 1/79

26. HOUR

HOURS

12h. KIND OF BUSINESS OR

Consulting 20034

1) Busine provide a la marchie dicce BANGLERY-LIGHTED TO THE PARTY OF THE STREET

	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO HICATE OF DEATH	GIENE 8	O REG. NO.	1 8	3 5	0 3		
		CEASED NAME	FIRST		MIDDLE		LAST	2a DATE OF	E OF DEATH MONTH DAY YEAR 26. HOUR					
- 1	,,,,,,		ranc	is	N.	CI	CLARK July 29 1980 3							
	3. SE	Male		4 RACE	ite	5. DATE O		6. AGE (IN YE	EARS LAST BIRTHDAY) YR	MONTH	DER I YEAR	HOURS MIN		
04	Ne	RTHPLACE (STATE OR F OUNTRY) braska		76. CITIZEN OF		WIDOW		Mo	ntgomery		DEATH	,		
71	Ta	koma Parl	1	Washin	gton A	Adventis	or other institution st Hospital	(TYPE OF WOR	OCCUPATION K FOR MOST OF WORKIN red Foren	G LIFE) IN	NDUSTRY	S C		
35		AL RESIDENCE (IF NUR STATE Md	136. COUN		13c CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET . 4710	ADDRESS O Prince	Geor	ges .	Ave.		
60	14 F/	THER'S NAME FIRST Earne	st Cl	widdle a rk	LAS	Т		orris	MIDDLE		LAS			
2	16a. V	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	100	SECURITY NO. 3984	Dorothy M C	lark	Beltsvil	lle,	Md.			
		Conditions, if any gave rise to im couse (a), stati	mediate ng the	(b)		SEQUENCE OF		Y						
-	ATION	PART 2 OTHER SIG	My	non			NOT RELATED TO THE TERM	AINAL DISEAS			RE FINDIN			
7	CERTIFICATION	/	0					YES 🗌	NO IN CE	RTIFYING	CAUSES	OF DEATH?		
9		210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEA	1451		H DAY YEAR	2)c. HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN ITEM	18, PART 1 (OR PART 2)			
	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, O	PFFICE, FARM, ETC.)	21f LOCATION STREET	2	CITY OR TOWN	C	OUNTY	STATE		
		27a.1 certify that (I say the decrar above, (I) (wa) (ed plive on	1 110	9	1/10 /	nd that in (my) (aur) apinion	death accurre	d on the date and	hour and		that (1) (we) lo causes stated		
		DA PIGNATURE	1	Alm	In	alm		MEDICAL	STAFF PHYSICIAN		7/3	A/SI		
1	10	214 MYSICIAN'S N	4477	STAVI			22e. ADDRESS							
-	72- 1	Lewis BURIAL CREMATION		nnis,	M.D.	Tar NAME OF	831 Univers	123d LOCA		Sil	· Sp	r., MD		
		SPECIFY) Buri		Aug 2,	1980		oln Cemetery	CITYO	ntwood Pi	ro Ge		STATE Md		

AUG 0 4 1980 Listry Recustory

Hyattsville, Md.

24 FUNERAL DIRECTOR
F. Gasch's Sons P A

DHMH - 16 50M 7/77 (VR A 15 (4))

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DATE OF THE OWNER.	off Wil		o'lly	dia mana	- or	
	June					
		a witness				

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201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS W	execute the certificate, writing the word "pending" in pencil in Item 18. Give pages 1, 2, and 3.10 the	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 3	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED.	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 🕊	~
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	VITHIN	Z	NER AL	ANSIT P	AL HYG	ACUAL
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	1-	FOR #18 STATE REGISTRAR CEASED NAM	a-22a Fi		DEPART MEDICAL MIDDLE	MENT OF	IER'S C	ARYLAN AND M ERTIFIC	ENTALH	F DEA	PH U	REG. N		8 5	0	4
400		E OR PRINT)	James		D.		C1a				OF DEATH	ESTI-		-	YEAR 80	Zb. HOUR
M()	3. SEX	ale	4. RACE White	Dec. 1	1 36	6. AGE (IN YE.	ARS IF UNE AY) MONTHS RS.	DER TYR.	IF UNDER		RONOUNG DEAD	CED	монтн 7	5 ₁₉	YEAR 80	1:30 A A
5	FO	RTHPLACE (5 REIGN COUNTRY)	nd	76. CITIZEN OF	S.A.	NTRY?	8. MARRIE WIDOWE		VER MARRI DIVORC	ED X	M	ontgo	mery	Count	ty.	MD
BE FILED	Ga	thersh	urg /		E. Dia	mond Av	renue	R INSTITU	TION	Dry	AL OCCUPA OST OF WORK Wall	Mech	e of work	OR IN CONST	IDUSTRY	
3. RETAIN P SHOULD BE IL RECORDS.	13a. S1		(IF IN NURSING HOME O 13b/COUN' Ment	OR OTHER INSTITUTION TY ZOMETY	13c. CIT	e BEFORE ADMISSI Y OR TOWN thersbu	1	3d. INSIDE (NO [ET ADDRES		nd Av	re.		
Y KEN		THER'S NAME FIRST		MIDDLE Rebert		LAST Lark		Ch	er's maide Pirst rist i	NAME	Anna	DLE	Bi	i i i i i i i i i i i i i i i i i i i	r	
S. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF		AS DECEASEI S. NO. OR UNKNO No	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	7.000	CIAL SECURIT 1-32-88		7. INFORM		zabet	h Bise	adday	Ol Fa	irlan Spri	ng, l	V-
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THE WO TO THE OULD BE RETMENT TO BURL	MEDICAL CERTIFICATION	UNDERLYING	CAUSE WAS OR OG CAUSE OF E	HOUR	OF INJURY A.M. MONTH	DAY YEAR	21c. HO	W INJURY	OCCURRE	D (ENTERN	ATURE OF INJU	RY IN ITEM 18	PART 1 OR PA			
WRITING (ARDED T AGE 3 SH ATE DEPA 201 PRIOR	MEDI	21d. INJURY C WHILE AT WORK	NOT WHILE C		E OF INJURY FACTORY, FARM.		21f. LOC STE	ATION REET			CITY OR TOW	И	со	YTNUC		STATE
P EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217		220. I certii death resulta ACTUAL SIGNATURE	fy that I took charg ed fram: Natur Uuguu	re of the remains ral causes X ,	described ob Accident		Autopsy icide	Homic		Undete	Inquiry [rmined man	ner .	DATE	7/5	/80	
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 CERTIFICATE OF DEATH

	REGISTRAR		CERTIFICATE O	. DERIN	REG. NO.			
	1. DECEASED NAME FIRST	MIDDLE	LAST	20	DATE OF DEATH MO	ONTH DAY	YEAR	2b. HOUR
	(TYPE OR PRINT) WILLIAM	n 4	CLIFI	FORD	106	4 8	1980	500 AM
	3 SEX	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHD	_	NDER I YEAR	IF UNDER 24 HRS
d	MALE	WHITE	Aug. 9	1922	57	YRS	THS DAYS	HOURS MIN
	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED A NEV	ED MADDIED TO B	BALTIMORE CITY OR	COUNTY OF	DEATH	1111111
b	Pennsylvania	TUSA.	WIDOWED	DIVORCED		WERY	1	MD
ò	SILVER SPRING	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 3932 MILL	DEN PD		es igning E		126. KIND OF	Tel.Co.
5	USUAL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OR TOW			STREET ADDRESS	u m) DF	70 K	≥D.
	14. FATHER'S NAME			ER'S MAIDEN NAME		13		7
0	Edward	Cliffor	d	FIRST	Katharine	18	Hoff	nan
N. C.	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF WAST)	RMED FORCES? 166. SOCIAL SECU 577-26-6		arine B. C	lifford (s		13e)	
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane couse partitle for (a), (b), an	nd (c).)				APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
		TE CAUSE (0) Uron	u our	my 1/10	SCORE		54	21
1	176	DUE TO, OR AS A CONSEQUE	ENCE OF				/	
	Canditions, if ony, which	(b)						
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU	ENCE OF					
The second		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINAL	L DISEASE OR CONDI	TION GIVEN I	IN PART 10	1 3
2	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PE			IN CERTIFYING	G CAUSES C	
7		216. TIME OF INJURY	21c HOV	V INJURY OCCURRED	(ENTER NATURE OF INJURY I	IN ITEM 18, PART I	OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DA	AY YEAR					

MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE AT WORK 22a.) certify that (I) (this hospital) attributed the decensed for

211. LOCATION

CITY OR TOWN

COUNTY

STATE

(I) we last

apinian death occurred an the date and haur and fram the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

23a	BURIAL, (SPECIFY)	CRE	AMA	ĬŐĨ	OVA
23a	BURIAL, (SPECIFY)	CRE	AMA	ľőľ	OV,

NOT WHILE

JULY 9,1980

P.M

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

"METROPOLITAN"

DEGREE

22e. ADDRES

ALEXANDRIA FATRFAX VIRGINIA

24 FUNERAL DIRECTOR

ROBERT A. PUMPHREY FUNERAL HOMES P/A

MD.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 60M 1/73 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been significated be detached for use as the buriol-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to but IMPORTANT: If Item 21 is marked ar Item 18 shaws any

PHYSICIAN: The or attending physician

ATTENDING

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3		1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	
Par			CEASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH MONTH DAY YEAR 25. HOUR
(731)			CAROL		COLE	7-22-80 7.009
100		3 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS WEAR MONTHS DAYS HOURS MIN
rect ars a	once		Female_	Caucasian	Apr. 3, 1905	
n 72 hou	titled at	Ŋ	RTHPLACE (STATE OR FOREIGN OUNTRY) EW YORK	U.S.A	MARRIED NEVER MARRIE	CED MONTGOMERY CO. M
by the fled with	or ag 10	100	SETHESDA	11. NAME OF HOSPITAL, NURSING INFOOT IN SUCH FACILITY, GIVE STREET SUBURBAN		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Proof Reader U.S. Gov t
tely filled in should be fil	13 S	13a.5	STATE 136 COU	or other institution, give residence before inty 13%. CITY or tow town the control of the contro	VN 134. INSIDE CITY LIM	IMITS? 136 STREET ADDRESS
	exa	14. F/	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAID	IDEN NAME
and	5		Adolph	Scharfs		nie (unknown)
0-	Ĕ		WAS DECEASED EVER IN U.S. A	VE WAR OR DATES)		ADDRESS 252 Congression
Page	t, the		No	088-05-	-4248B Mr. J	Jacob Cole Rockville, Md. La
en signed by the attending phy: Then please remove carbon paper to burial, cremation, or remo	ny injury, or other traumatic	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENT OF THE CONSTRUCTION	ARDIAC PRIOSCIERGI	INSUFFICIENCE I MONTH
	2 shows	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
physician is certifica ial-transit lental Hyg	or Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR 19	OCCURRED (ENTER NATURE OF INJURNAL ITEM 18, PART 1 OR PART 2)
After the sthe burth and N	шагкед	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	COUNTY STATE
Dital or a lector lecto	si 17 wa		saw the deceased alive as abave, (I) (we).(did)-(did n	of view the body after death.	and that in (my) (our) o	opinian death accurred an the agree and hour and from the causes stated
y the hos RAL DIF detached tate Dep			22h SIGNATURE	sol-u		DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN 7 22 6
TO FUNE should be with the S	HOLD I		22d PHYSICIAN'S NAME TYPE	WARD, 6/	16 Rolling	A Bolles A 20034
F + 48 3 5	-	23a. 6	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMA	ATORY 23d LOCATION CITY OF TOWN COUNTY STATE
BP			Burial	7-25-80 Mt	Lebanon Cem	
DHMH-16 25			UNERAL DIRECTOR	ADDRESS F	KOCKATITE	250. DATE REC D. BY REGISTRAR PIN REGISTRAR SIGNATURE
(VRA 15, 4) 1	1/79	υa	nzansky-Golo	lberg Chapels	Md.	

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Lie Voy o : IVL

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESS, MY, PREASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOURSTRESS. TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS BATTIMONED AND ANYTHIN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, AND ANYTHIN THE STATE DEPARTMENT OF REMAINON, OR REMOVAL.
6	TO PAGE TO PAGE AFTER BALTI

•	1-	FOR STATE REGISTRAR	c FIRST	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							8 5	0	7
T. S. S. T.		CEASED NAM E OR PRINT)	James		A.		Condr	у	20. DATE K OF DEATH	ESTI-	7 31	YEAR 19 80	3: 2,2
DIRECTO DIRECTO DIRECTO TZ HOUN	3. SEX	ale	White	5. DATE OF BIRTH	O ^{YEAR}	73 YRS.	MONTHS DAYS	IF UNDER 24	PRONOUN DEAD	Tw	Ly 3/	YEAR	THOUS M
NECESSARY FUNERAL DI 5 FOR YOU W. PRESTON	W	REICH COUNTRY)		76. CITIZEN OF WH		W	MARRIED X NE	DIVORCED	Mont	recityoro	V .		MD.
AY IS THE AGE FILED 301 V	Т	akoma	Park	Washin	IAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION THOSE INSTITUTION IN SUCH ACTURY CIVE STREET ADDRESS! Washington Adventist Hosp. IZO USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Den tist Den tist					Re Re	ND OF BUS LINDUSTRY LITE	iness	
AND 3 AND 3 RETAIN HOULD RECORI	13a. S	TATE Md. ATHER'S NAME	(IF IN NURSING HOME OR 13b. COUNT)	Y t	13c. CITY C	S .	13d. INSIDE (YES 15. MOTH	NO DER'S MAIDEN I	e STREET ADDRES 400 Sol			ve LAST	
DEAT OF VILL		Patric VAS DECEASE	E k D EVER IN U.S. ARM	J.	C	ondry AL SECURITY NO	T	eresa	MIL	ADDRESS	Gi	11	
URS AFTER 3. GIVE PA WITH FOR PAGES 1 DIVISION	(Y	es, no, or unkno None	OWN) (IF YES, GIVE W	AR OR DATES)	236	20 42		zabeth	Condr		e)	abor	
N 24 HOUR VITEM 18. ALONG W T PERMIT. F Y'GIENE, DI	-	PART I DE	OF DEATH (Enter only EATH WAS CAUSED IMMEDIATE	BY: CAUSE (a)	Pulmor		olism				BETW	PROXIMATE II VEEN ONSET A 3 Hrs	AND DEATH
PENCIL II (AMINER IL-TRANSI AENTAL H		gave ri	ns, if any, which se to immediate) stoting the <u>under</u> - use last.	(b) DUE TO, OR		cture L.	Hip				1	5 Day	S
E EXECUTE DING" IN P EDICAL EX S A BURIAL TH AND M ATION, OR	z	PART 2 OTHER S	GNIFICANT CONDITIONS C	(c)	OUT NOT RELATE	D TO THE TERMINAL	DISEASE OR CONDITIO	IN GIVEN IN PART 1	(a).				
SHOULD BE EX CHIEF MEDIC, CHIEF MEDIC, E USED AS A E OF HEALTH A AI, CREMATIO	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR W	HICH OPERATION	ON WAS PERFOR	RMED?			13.	UTOPSY?	NO [2]
THE WORD THE WORD TO THE CH TOUID BE U RTMENT OF	CAL CERT		AL CAUSE WAS OR NG CAUSE OF D	21b. TIME OF HOUR A.M. EATH P.M.	MONTH I	16 19 80	Fall	At Hor	ENTER NATURE OF INJU	JRY IN ITEM 18 PART	1 OR PART 2}		
WRITING WRITING WARDED TO AGE 3 SHO ATE DEPAR	MEDICAL	21d INTURY		21e. PLACE C STREET, FACT	OF INJURY ORY, FARM, ETC OME	IATHOME, 2	If LOCATION 40 STREET 40		CITY OR TOW		Mont.		Md.
EXAMINER: THIS CERTIFICATE, WR. ILD BE FORWAR DIRECTOR: PAGE WITH THE STATE ARYLAND, 21201			fy that I taak charge	af the remains described all causes ,	Accident	e, held an	Autapsy ,	Inspection [Inquiry Undetermined ma		my apinian		
THO THY		ACTUAL SIGNATURE	for the	200	16	quy	M.D. Do	SPECIFY)	_MEDICAL EXAM	INER	DATE SIGNED	9-1,1	240
TO MEDICA EXECUTE THE PAGE A SH TO FUNER DEATH		EXAMINED (TYPE OF PRI				gers	ADDRESS_		Semina	ary Rd	. S.S	.Md.	
BP	В	urial		8/2/80			Heaven		S.S.	7	COUNTY Mont	STA	Md.
DHMH - 17 (VR A15 ME (5)) 30M 7/73	1	uneral directions of the contraction of the contrac	Rinaldi	F.H.118	00 N.	H.Ave.	S.S.Md	AUGG	D. N. G. STRAF	7	17	2	

100	-	
TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 miles treatined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, I should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, I should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Tet	S. S	2

	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	0.	8	5 0	8
		CEASED NAME B	Brit	a '	MIDDLE	1 -00n	Counselman	20 DATE OF DEATH	LY 7	6, YEAR	26. HO	AM
	3 SE)	MONI			5 DATE C	OAY YEAR	6. AGE JIN YEARS LAST BIR		MONTHS OAT		R 24 HRS	
		emale		hite		7	18 1890	89	YRS		1 1	
119	7a BII	RTHPLACE (STATE OR FORES DUNTRY) California		. S.	what country ${f A}_{f lpha}$	MARRIE WIDOWE	D NEVER MARRIED	Montgom		OF DEATH		MD
0	7	ethesda, N	. a	SO DU	H FACILITY, GIVE STREE	NG HOME C	pital	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O OWNER	ION	E) INDUSTI	of Busin	ESS OR
6	13e S		s home or other is COUNTY Montgo!		ILL CITY OR TOY	WN	134 INSIDE CITY LIMITS? YES MO	9000 Brink	Road			
C	u	ther's name first nknown	WIDDLE		Dybergh		Ada	MIDDLE		redlund	AST	
	16a V	VAS DECEASED EVER IN	U.S. ARMED F	OR DATES!	166 SOCIAL SEC		17 INFORMANT	ADDR		7/1: 3.3	lob	or 170
	no				215-52-5	974	Dr. Robert Da	ay 103 Wair	ut St.		IEDUT	-
	N	underlying cause	vhich diate the last	(c)	R AS A CONSEQU	JENCE OF	of the l		IDITION GIV	EN IN PART	l(o)	
7	CERTIFICATION	19a DATE OF OPERATIO	DN II	% COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?		
1	MEDICAL CERTI	218. ACCIDENT WAS UNDERLYING 218. TIME OF INJURY HOUR A.M. MONTH DAY YEAR LIFETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 218. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)					211 LOCATION STREET	YES NO RED LENTER NATURE OF INJU	IRY IN ITEM 18, F	PART I ORPART 2		STATE
		278. I certify that (I) (I) sow the deceased obove, (I) (we) did 27b. SIGNATURE 276. PHYSICIAN'S NAM	olive on olive	the body	ofter death 19_		22e ADDRESS	MEDICAL STA DIRECTOR PHYSI	FF CIAN []	or and from 1 22¢ DA	TE SIGNED	foted S
	Ć	urial, Cremation, RE SPECIFY) Temation	Jul	y 7,	1980	Cedar 1	EMETERY OR CREMATORY Hill Crematory	Suitland,				

⁷⁴ FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave., N. W., Wash., D. C. 20016 DHMH-16 25M (VRA 15, 4) 1/79 JUL 1 1 1980 The second of the second secon LAPS SPEC ENS CUMMAN Englished No. 2012 No AND STORY OF THE S

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igned by the attending physicion and completely filled in by the funeral dir en please remove carbanpapers. Pages 1 and 2 shauld be filed within 72 hau

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should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene priar to TO FUNERAL DIRECTOR: After this certificate has been

IMPORTANT: If them 21 is marked or them 18 sha

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CERTIFICATION

MEDICAL

AT WORK 22a

STATE OF MARYLAND

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1 - STATE REGISTRAR			DEPARTA			ND MENTAL	HYGU	ENE 8	O REG. N	10.	8	5	0	9
1. DECEASED NAME	FIRST		MIDDLE		AST			20 DATE OF	DEATH	MONTH	DAY	YEAR	2b. HO	UR
(THE OR PRINT)	Bonni	e	Mae		COX		6	July	31	19	080	0 1::		OP M
3. SEX		4 RACE		5. DATE O		- 1		6 AGE (INY	EARS LAST BI	RIJHDAY)		ER I YEAR		ER 24 HRS
Female		Cauca	sian	De	ċ. 9,	1943 YEAR		36		YRS	MONTHS	DAYS	HOURS	MIN.
30. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY! Maryland USA			WHAT COUNTRY?	8	- (3) NO	/ED +4 + DDIED		9 BALTIMO	RE CITY	OR COUN	TY OF DE	ATH		
				MARRIED X NEVER MARRIED WIDOWED DIVORCED				Manakananan						
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN			HOSPITAL, NURSIN	G HOME	HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS (SPESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					VESS OR				
Bethesda		Nationa	1 Naval M	dedica	al Ce	nter		House			(INC	DUSTRY		
USUAL RESIDENCE (1F) 130 STATE Maryland	136 COU!		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Cresapto	N	13d. INSI	DE CITY LIMIT		13e. STREET .	address	Crac	ldock	Roa	ad	16
14 FATHER'S NAME					15 MOT	HER'S MAIDEN	NAM				~			
John		Charles	Martin	1		Dorot	hy		Ma	e	V	Keid		
160 WAS DECEASED EN		MED FORCES? /E WAR OR DATES)	166. SOCIAL SECU	RITY NO.	17 INFO	nald R	. C	ox	ADDR	item	13			
18 CAUSE OF DE			line for (a), (b), and	d (c).)								APPROX	MATE INT	ERVAL ID DEATH
PART I. DEATI	H WAS CAUSE IMMEDIA		Lesourator	y to	relus	9:					- 3	5 9	ye.	5

Conditions, if any, which gove rise to immediate couse (o), stating underlying couse

Bensh Co	allure.						
a. DATE OF OPERATION	196 CONDITION FOR WHICH OPE						

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

21d. INJURY OCCURRED

RATION WAS PERFORMED 21g. ACCIDENT WAS UNDERLYING

216. TIME OF INJURY HOUR A.M.

MONTH DAY P.M 21e. PLACE OF INJURY

(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

20a AUTOPSY?

NOTE

I certify that ((this haspital)	ottended the decease	d from June	24	. 19_80	to July 31	_, 19 <mark>80, that (/ (we) last</mark>
sow the deceased alive on above. (Ne) (did) (did/not) vi	July 31	19_80	and that in (my)	(our) opinion deat	h occurred on the date and h	nour and from the causes stated
SIGNATULE	/ ()	///	DEGREE ()			22c. DATE SIGNED

22b. SIGNATUI

ATTENDING MEDICAL

National Naval Medical Center, Bethesda, Md.

	, , , , ,	
230. BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEM
Burial	Aug. 3. 10	980 Hillcres

Michael Swank, M.D.

METERY OR CREMATORY 1980 Hillcrest Cemetery

Cumberland Allegany

24 FUNERAL DIRECTOR wayne George 202 Greene St. Cumberland, Md.

Md. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SICH

DHMH-16 30M 2/80 (VRA 15, 4)

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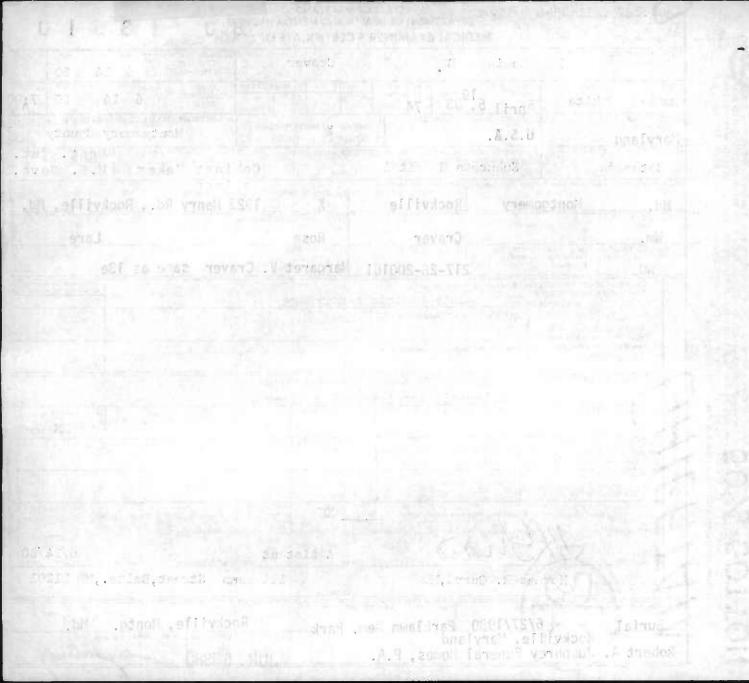
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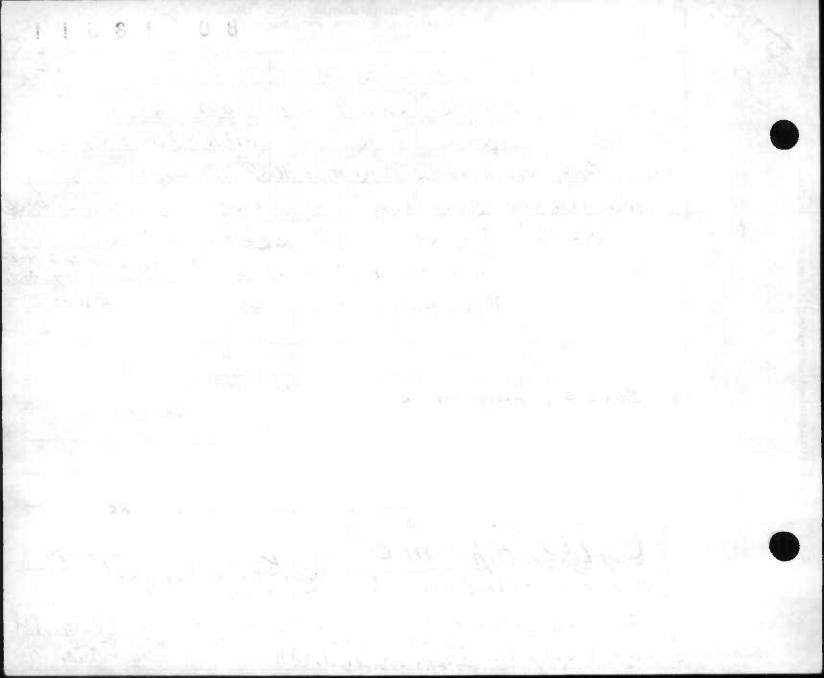
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						STAT	E OF MARYLAND								
	1.	FOR STATE REGISTRAR			DEPA		IEALTH AND MEN		NE 8	O REG. N	0.	8	5	1	1
		CEASED NAME OR PRINT)	IRE	NE	NMN	1 2	REEC	y ²	DATE OF	DEATH	DYO	DAY Y	EAR	25. HOL	PM
once.	3 SE	FEN	TALE	1 RACE	/ACK	S DATE O	DE BIRTH	700	AGE (IN YE	ARS LAST BIR		IF UNDER		IF UNDER	MIN.
in 72 hou		RTHPLACE (ST	ATE OR FOREIGN	76 CITIZEN O	S.A.	RY? 8 MARRIE WIDOW	D NEVER MARI	RIED	MO	NT	GOUNTY	OF DEA	TH RY	,	MD.
ist be no	10 C	KOMA	PARK	II. NAME O	FHOSPITAL, NUI SUCH FACILITY, GIVE ST CHINGTO		tventist	+ HOS	20. USUAL C	EN MOST O	ION OF WORKING LIF 16571	12h K E) INDU	IND OF	BUSIN	ESS OR
anfiner mu	USU.	AL RESIDENCE	(IF HURSING HOME OR		SIVEY	TOWN .	13d. INSIDE CITY L	LIMITS?	STREET /	DDRESS.	D09	wo	od	D	RIV
nd 2 sh	14. FA	THER'S NAME	WEST	EY.	JACK.	SON	15 MOTHER'S MA	ZAR	BETI	MIDDLE	MC	AB	BA	5	
oers. Pages 1 a oval. event, the med		VAS DECEASEI	D EVER IN U.S. AR.	MED FORCES WAR OR DATES)	579-4	44-4774	17 INFORMANT	E Bu	100-	40	SAL	Pe	IAM Sb	urg	AS
Then please remove carbon pa or to burial, cremation, or rem any injury, or other traumatic	NO!	Conditions, gove rise cause (a), underlying	if any, which to immediate stating the couse lost	DUE TO,	OR AS A CONSE OR AS A CONSE CONTRIBUTING MM 0	OUENCE OF	NOT RELATED TO) iSOLD		E OR CON	DITION GIV	EN IN P		nos	
shows	CERTIFICATION	190 DATE OF			DITION FOR WH	IICH ÖPERATIC	N WAS PERFORME	ED	200 AUTO	NO 🗌	20b. IF YES IN CERTIF YE	YING CA	AUSES (GS USE OF DEA NO [TH?
Mental Hygi		OR CONTRIBUTE	WAS UNDERLYING CAUSE OF DEA	TH HOUR	OF INJURY A.M MONTH P.M.	DAY YEAR	21c HOW INJUR	Y OCCURRED	D (ENTERNA	URE OF INJU	RY IN ITEM 18, P	ART LORP	ART 2)		
marked	MEDICAL	WHILE AT WORK	NOT WHILE AT WORK	21e PLAC (AT HOME,	E OF INJURY STREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET			CITY OR TOV	WN	COUN	TY	S	TATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.			134	Part .
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 fained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director ould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.		may be	page 3	
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Rockville Pike

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE OF DEATH MONTH DAY 26. HOUR 8 45 (TYPE OR PRINT) arrett nwi 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MAIN 1883 EMALE 6 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED GEORGIA. WIDOWED DIVORCED MD. 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12s. USUAL OCCUPATION 126 KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE TREET ADDRESS! (DATE OF WORK FOR MOST OF WORKING LIFE) INDUSTR ASAING TON ADVENTIS BLISHING 1100 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 134 INSIDE CATY LIMITS? 136 COUNTY 13c. CITY OR TOWN 130 STREET ADDRESS NO [YES A 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR WAKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY wood regulario IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF deMeNto hydrahim Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) % DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES 🗔 YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHO! AT WORK AT WORK 1980 22a | certify that (1) (this haspital) attended the deceased from saw the deceased alive an. _ , and that in (my) (bur) opinian deoth accurred on the date and haur and fram the causes stoled abave, (1) (we) (did) (did nat) view the bady after death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DTRECTOR | PHYSICIAN PHYSICIAN Tre ADDRESS OHIT 230. BURIAL, CREMATION REMOVAL 236. DATE 231/NAME OF CEMEJERY OR CREMATORY 23¢ LOCATION CITY OR TOWN (SPECIFY COUNTY 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRARI SHAREGISTRAR'S SIGNATURE **DHMH-16 25M** (VRA 15, 4) 1/79

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no none 577-50-9677 Charles A. Crowson-(same as 13e) The cause of Death (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. Cerebra Cascular Accident Christian Death Cause (a), Cerebra Cascular Accident Christian Death Cause (a), Cerebra Cascular Atherosclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	60		James	E	dward	N	loore	An	na				Flem	si n ing
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		omer troomone event, it		Canditions, if any, w gave rise to immed cause (a), stating	CAUSED E MEDIATE (hich liate the	DUE TO, O	R AS A CONS	rebro EQUENCE OF Ereb						6	hrs
	YES NOW YES NO	miory.	ATION	/	Oaro	xysma	al 7	Tach yo	ardia						
TOR CONTRIBUTION CONTRIBUTION OF DEATH HOUR A.M. MONTH DAY YEAR		1: If Rem 2 - 15 HO		saw the deceased	alive on	July	3	m. C.	DEGREE	apinian d	MEDICAL	ed an the da	te and hau	22c. DATE	causes stated
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 27d. I Certify that (I) (this hospital) attended the deceased from 19 , 19 , 20 , 10 , 19 , 20 , 10 , 19 , 20 , 10 , 10 , 10 , 10 , 10 , 10 , 10	sow the deceased alive an Jay 3 19 80, and that in (my) too opinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF DEVELOPMENT OF THE STAFF DEVELOPMENT O			0 11	-1		m.D.		122a ADDRESS					ton, O.	C.200
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 P.M. 19 P.M. 19 P.M. 19 P.M. STREET CITY OR TOWN COUNTY STATE- THOUR A.M. MONTH DAY YEAR 19 P.M. 1	saw the deceased alive an Jely 3 19 80, and that in (my) test opinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (2		URIAL, CREMATION, REP	MOVAL			23c. NAME OF	CEMETERY OR CE	EMATORY	23d. LOCA	ATION		COUNTY	STATE

TO HOSPITAL OR ATTENDING retained by the hospital or offi BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

Burial 7-8-80 Gate of Heaven Werner Pumphrey, Inc. 8434 Ga. Ave., S.S. Md.

ilver Spring Montgomery MI

And the State of the Control of the Agred inc THE PARTY OF Nontcomery Co. Silver Spring Carriage Hill Mursing Center of the State o requires that the death certificate be executed within 24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or ottending physicion

ARYANDA . ITY OR TOWN OF DEATH I URR SPIN OF DEATH I URR SPIN OF DEATH ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARM (18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	DDLE Palmer LAST DDLE Palmer LAST DDLE Palmer LAST DDLE Palmer LAST DO - 44 . CAUSE (o) A HARVE DUE TO, OR AS A CONSEQUEN (b)	DORESS) CSING HOME ADMISSION 13d INSIDE CITY LIMITS: YES NO 15. MOTHER'S MAIDEN FIRST E 2 a 1TY NO. 17 INFORMANT 3319 Lillig CSC/EVO S/S	9 BALTIMORE CITY OR COULD 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING 7 130. STREET ADDRESS 2 600 Kea	126 KIND OF BUSINESS NO LIFE) INDUSTRY HOME At home Creighto
ALRESIDENCE IF NURSING HOMEORY ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARM YES, NO QUINKNOWN) 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED Conditions, If any, which gove rise to immediate couse (a), stoting the	DDLE PALEST DUE TO, OR AS A CONSEQUEN LUCK THE TOTAL COUNTRY? L. S. A. I. NAME OF HOSPITAL, NURSING THE INSTITUTION, GIVE RESIDENCE BEFORE LAST PALE TO THE PALEST J. J	MARRIED NEVER MARRIED NO DIVORCED NO DIVORCES) 13d INSIDE CITY LIMITS YES NO DIVORCED NO DIVORCES NA NA NO DIVORCES NA	9 BALTIMORE CITY OR COULD 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) 132. STREET ADDRESS NAME ADDRESS D D ADDRESS D ADDRESS	MONTHS DAYS MOURS MARS NOTY OF DEATH RE NOTIFE 128 KIND OF BUSINESS INDUSTRY At home LAST REIGN HO KOATINGS ST. BETWEEN ONSET AND DEA
ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED Conditions, If ony, which gove rise to immediate couse (a), stoting the	I. NAME OF HOSPITAL, NURSING TOP-OF INSURPRISED ACILITY, GIVE STREET AI DOTHER INSTITUTION, GIVE RESIDENCE BEFORE THE WORLD DOLE PALED FORCES? 16b SOCIAL SECUR WAR OR DATES) O ONE COUSE PER line for (a), (b), and BY; CAUSE (a) DUE TO, OR AS A CONSEQUENCE (b)	WIDOWED DWORCED GHOME OR OTHER INSTITUTION DORESS) SING HOME SING HOME SING HOME 13d INSIDE CITY LIMITS YES NO 15. MOTHER'S MAIDEN FIRST LITYNO. 17 INFORMANT 3319 Lillig	Moutgome 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) 130. STREET ADDRESS NAME MIDDLE ADDRESS D. D. JGOO	12b KIND OF BUSINESS INDUSTRY At home Ling Stree Creice hto Keating St. APPROXIMATE INTERNAL BETWEEN ONSET AND DET
ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARM YES, NO QUINKNOWN) 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED LONG LONG LONG LONG LONG LONG LONG LON	DDLE Palmer (b) DDLE Palmer (b) DDLE Palmer (b) DDLE Palmer (c) DDLE	DORESS) CSING HOME ADMISSION 13d INSIDE CITY LIMITS: YES NO 15. MOTHER'S MAIDEN FIRST E 1 2 a ITY NO. 17 INFORMANT 3319 Lillig CSC/EVO S/S	13e. STREET ADDRESS NAME ADDRESS ADDRESS ADDRESS ADDRESS	CREIGHTO Keating St. Reating S
MAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED Conditions, If any, which gove rise to immediate couse (a), stoting the	ISC. ALL ON TOWN OR TOWN OR TOWN OR TOWN OR DATES) DOLE PAINEY OF THE FOR (a), (b), and BY: CAUSE (a) ALL ON SEQUEN (b) DUE TO, OR AS A CONSEQUEN	13d INSIDE CITY LIMITS YES NO 15. MOTHER'S MAIDEN FIRST ITYNO. 17 INFORMANT 3319 Lillig CSC/EVO S/S	NAME ADDRESS ADDRESS ADDRESS D. D. ADDRESS D. 2600	Keating St. NOW THITS M APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
WAS DECEASED EVER IN U.S. ARM (IFYES, NO QUINKNOWN) (IFYES, GIVE V 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, If ony, which gove rise to immediate couse (a), stoting the	Pamer Pamer Janes Ja	Elizal ITYNO. 17 INFORMANT 3319 Lillia OSCIEVOSIS	beth ADDRESS NGOO	Keating St. NOW THIS M APPROXIMATE INTERVAL BETWEEN ONSET AND DE
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Conditions, if ony, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUEN	sclevosis		11
	2000	EATH BUT NOT RELATED TO THE TE	erminal disease or condition	GIVEN IN PART 1(0)
190 DATE OF OPERATION			200 AUTOPSY? 20b. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
?10. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH DAY	YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM	1B, PART 1 OR PART 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive on_	6-22 198	DEGREE		, 1960, that (I) (wa) hour and from the couses stated 22c. DATE SIGNED
1 0		PHYSICIAN 22e. ADDRESS 105	DIRECTOR PHYSICIAN DE LUSS ell A	1.25.8 4.20760
Buriol	236. DAJE 236. NA 7/28/80 A/	ME OF CEMETERY OR CREMATOR	23d LOCATION	Marce AVI
	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK ON OBODY, (1) (was idid) (did not) 210. I certify that (1) (this hospita saw the deceosed alive on oboye, (1) (was idid) (did not) 211. TO STATURE 220. I CERMATION, REMOVAL SPECIFICAL CREMATION, REMOVAL	198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	198. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (FETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an obove, (1) (manifold) (did not) view the body after death. 221d. PHYSICIAN'S NAME (TYPE OR PRINT) 221d. PHYSICIAN'S NAME (TYPE OR PRINT) 221d. PHYSICIAN'S NAME (TYPE OR PRINT) 221d. NAME OF CEMETERY OR CREMATOR 231d. NAME OF CEMETERY OR CREMATOR 23	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IN CE 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (FEITHER, NOTIFY MEDICAL EXAMINER) 19 216. INJURY OCCURRED 216. PLACE OF INJURY NOTIFY MEDICAL EXAMINER) 216. PLACE OF INJURY 216. INJURY OCCURRED 216. PLACE OF INJURY 216. PLACE OF INJURY 216. PLACE OF INJURY 216. LOCATION STREET CITY OR TOWN 220. I certify that (I) (this hospital) attended the deceased from 19 9 9 10 7 2 1 1 1 1 1 1 1 1 1

FOR - STATE

REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 2b. HOUR 10:37 PM JULY 14. 1980 DAVIS 6 AGE (IN YEARS LAST BIRTHDAY) JANUARY 16, 1886 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOMERY DIVORCED 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) MERCHANI WHOLESALE 13e STREET ADDRESS 407 DEERFIELD AVENUE 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME FEDER CELIA SHERMAN L. DAVIS, 3501 ST. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (5

20n AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2

22c. DATE SIGNED MEDICAL STAFF

1106 SPRING STREET, SILVER SPRING, MARYLAND

BUFFALO

23c. NAME OF CEMETERY OR CREMATORY

TEMPLE BETH DAVID CEMETERY

COUNTY

COUNTY

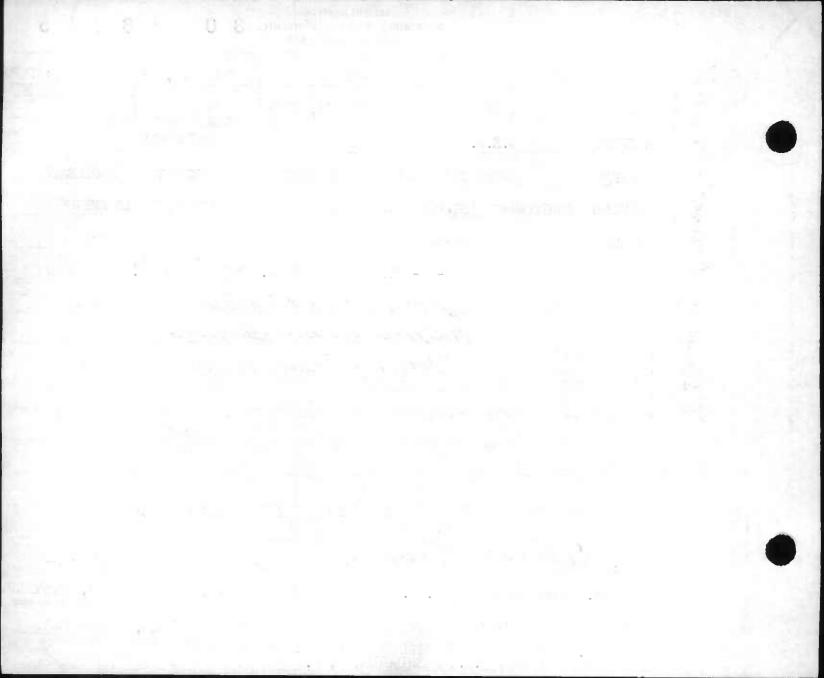
BURIAL STEIN HEBREW MEMORIAL FUNERAL HOME N.W. WASHINGTON.

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE

NEW YORK

ETOTRAR 256 REGISTRARIS SIGNATURE



requires that the death certificate by the attending

PHYSICIAN: The

OR ATTENDING

TO HOSPITAL

retained by the haspital ar

BP.

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(1	MA)	
1	ال	
	y be	nding physician and completely filled in by the funeral director, page 3 💤 carbonpapers, Pages 1 and 3 should be filed within 72 hours after death
	4 mp	ar, pa
_	Page	directo
U	ith certificate be executed within 24 hours ofter death. Page 4 may be	nding physician and camplerely filled in by the funeral directar, page 3 carbon papers. Pages 1 and 2 should be filed within 72 hours after death
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ON SI., BALIIMORE, MAKTLAND ZIZUI	aurs	in by se file
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injury, ar ather traumatic event, the

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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<u> </u>	REGISTRAR	CE	RTIFICATE OF DEATH	REG. NO	
	CEASED NAME FRST	ANN	Deegan	20. DATE OF DEATH M	ONTH DAY YEAR 25. HOUR 9 1980 20.7
3 SE	Female	WHITE J	ATE OF BIRTH MONTH DAY YEAR OLY 19 1980	6 AGE (IN YEARS LAST BIRTHI	PAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN YRS.
ŕ	Maryland	U.S. A WID	ARRIED NEVER MARRIED DOWED DIVORCED	9 BALTIMORE CITY OR MONT	TGOMERY MI
5	ILUFE SPRING	1. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES THER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	OSPITAL	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	
130. M	STATE 136 COUNTY PRYLAND HOWA ATHER'S NAME	Y 13c. CITY OR TOWN		130 STREET ADDRESS	GERVIEW DR.
	ROBBET J	DEEGAN	MAUREEN	V A.	Rypne
	WAS DECEASED EVER IN U.S. ARME YES, NO O UNKNOWN) (IF YES, GIVE W		ROBERT J. + MA	ADDRES AURETN A. DE	-44
	PART I. DEATH WAS CAUSED I MMEDIATE	one couse per line for (a), (b), and (c) BY. CAUSE (a) Ammoleus DUE TO, OR AS A CONSEQUENCE:	Non viable fe	tus 20 ve	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	OF		
NOI	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing to death</u>	BUT NOT RELATED TO THE TERMI	nal disease or condi	TION GIVEN IN PART 1(a)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ation was performed		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
EDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.	EAR 21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE

220.1 certify that (1) (this haspital) attended the deceased fram sow the deceased alive on obove, (I) (we) (did) (did not) view the bady after death.

DEGREE HBBERKOWITZ

ATTENDING PHYSICIAN 22e ADDRES

19.

MEDICAL

221. DATE SIGNED

22b. SIGNATURE

BARKOWIZ 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 23b. DATE

7/21/80

COLLEGE 23r. NAME OF CEMETERY OR CREMATORY Metropolitan Crematory

2081d

23d. LOCATION CITY OR TOWN

and that in (my) (our) opinion death occurred an the date and hour and fram the causes stated

STAFF

Alexandria

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu MPORTANT: If Item 21 is marked or Item 18 shows any

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH	0	1.1	8	5	1	8			
CERTIFICATE OF DEATH	REG. NO.								

н	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.		3.457
	DECEASED NAME FI	RST MIDDLE	اب ا	AST	2a. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
	AN.	A I.	IEUA.	NOVEC		7 2	80	4:50 PM
3.	SEX	4 RACE	5. DATE C	P BIRTH YEAR _	6 AGE (IN YEARS LAST BIR		NTHS DAYS	IF UNDER 24 HRS
	FEMALE	WHITE	MAR	Peh 15, 1934		46 YRS.		
7a	BIRTHPLACE (STATE OR FOREK	Th CHIZEN OF WHAT	COUNTRY? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
10	YUGOSLAV CITY OR TOWN OF DEATH	114 0.5,19	WIDOWE	DIVORCED DIVORCED	110N74	MEF	У	MD.
10	CITY OR TOWN OF DEATH		Y, GIVE STREET ADDRESS)	2 TO LU	TYPE OF WORK FOR MOST			OF BUSINESS OR
U	SUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION, GIVE RES	IDENCE REFORE ADMISSION	KN 1237 [185]	SALESL	ATTY	MEZ	AIL
13	Sa STATE 13b	COUNTY 13c. CI	LY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	41 15 M	Dur	- 111-
14	FATHER'S NAME	IDINING PER 14	KUMHIAKK	YES NO 1	18 ME	OWER	TVE	INUE
2	VI DITIMIE	MIDDLE FIR	LAST	MILKO	MIDDLE	GP	M AA AA	116
16	WAS DECEASED EVER IN I		CIAL SECURITY NO.	17 INFORMANT	ADDR	ESS COAL	VITO V	2 21 17
	(YES, NO ORUNKNOWN) (IF	YES, GIVE WAR OR DATES)	2-48-0911	TRACITA	EJDNAVIE	(27)	O BOY	JE)
F	18 CAUSE OF DEATH IS	inter anly ane cause per line far	(a), (b), and (c).	1 40 1 40 1	- United to		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I DEATH WAS	CAUSED BY: MEDIATE CAUSE (a) CONSE		t failure			6 mo	
	4254		CONSEQUENCE OF					
	Conditions, if any, wh	hich ((b) Rest)		diomyopathy			6 mo	
		the DUE TO, OR AS A	CONSEQUENCE OF					
	underlying cause I	(c)						
1,		CANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVE	N IN PART 1	a)
1	190 DATE OF OPERATION	N 105 CONDITIONS	OR WHICH OPERATION	NI MAS DE DEO DAMED	20a AUTOPSY?	Tank IE VES	WERE FINDIN	NCS LISED
1	IN DATE OF OPERATION	146 CONDITION F	OR WHICH OPERATION	N WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?
- 5	71g. ACCIDENT WAS UNDERLY	ring 716, TIME OF INJUI	RY	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INIL	YES		NO []
	00.00.100.01101.10	SE OF DEATH HOUR A.M. M	ONTH DAY YEAR		inco (concorrange)		, , , , , , , , , , , , , , , , , , , ,	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EX	(AMINER) P.M. 21e. PLACE OF INJU	JRY 19	21f LOCATION		-		
NA NA	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACT	ORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		is haspital) attended the deced	ised from6_1	19 10 50	10 7/2	19	80	ther (i) (we) last
	saw the deceased a	alive on 7/2	19 00	d that in (my) (our) opinian	death accurred on the d	ate and haur	and from the	
	22b. SIGNATURE	(did nat) view the bady after de		DEGREE			22c. DATE	SIGNED
1	Bull	My Enger	- un	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	7/	2/80_
1	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		22e. ADDRESS				
1	KEITH I	M. LINDER	EN	7600 CARR	POLL AVE	TAKE	MAI	BRK MH
23	BURIAL, CREMATION, REA	AOVAL 23b. DATE	73c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	,	OUNTY	STATE
L	BURIAL	JULY 5.19	80 ROCK G	REEKCEM	WASHIN	15.701	V -	U.C.
24	FUNERAL DIRECTOR	other was 1878	ADDIZEN CAR	VOLL SI.	REC'D. BY REGISTRAR	25b. REC 18 R	AR'S SIGNAT	Preade
Ve	AKUMA FUXLA	HOME N	W. WASH]	1.6 20012 J	OF T 0 1380	Just	7	

BP. DHMH-16 50M 7/77 (VR A 15 (4))

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ETHICKE (SHARE)	T. SHELL	332 18:27/	1/4	
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f'				CEASED NAME	FIRST		MIDDLE		t	AST		2a DATE OF	DEATH M	HTMO	DAY	YEAR	2b. HOUR
	page 3 r death	- 1	(ITPE	OR PRINT!	Edna		Н.		D	emar			Ju	ılv	4.	80	9.A
706	0 1		3. SE)	(a arra	4 RACE			5 DATE C	OF BIRTH		6 AGE (IN YE				DER 1 YEAR	IF UNDER 24 H
7	9.5	100	1	Female		Blac	k		2-		914	66		YRS	MONTH	S CAYS	HOURS MI
	£ 2	My	7,6. BI	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN O		UNTRY?	1			9 BALTIMO	RE CITY OR		YOFE	EATH	
	27	8		Maryland		U.S.	Α.		WIDOWE	D NEVER MAR			Monto	romov			
	24	0		TY OR TOWN OF DEA	ТH	11. NAME O	F HOSPITAL,		G HOME C	OR OTHER INSTITU		12a USUAL C	OCCUPATIO	N	12		OF BUSINESS
5	led t	1000	1.3	avtonsvill	۾	7.4.	10 Rri	nk R	DDRESSI			Dome:		WORKING E	REI IN	Non	
212	be fi	a —	USU	AL RESIDENCE (IF NURS	ING HOME OR											HOB	
ON 1	lled	E C	130 3	Md	Mon		13c CITY of	i th	N	134. INSIDE CITY YES ☑ NO	DIMITS?	130 STREET A	oddress O Brin	L DA			
YLA	tely 1 2 sho	i e	14. FA	THER'S NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					15 MOTHER'S M.	AIDEN NAM		10	14 140	5	1	
W S	aple	xo w		Hilla		MIDDLE		iar S	r	FIRST De	liah		WIGGLE			Bow	
R. A	<u>0</u> -	0		AS DECEASED EVER	IN U.S. AR			IAL SECUI		17 INFORMANT	T TOTT		ADDRES	S		DOW	10
WO	609	the medi	(1	ES, NO OR UNKNOWN)	(IF YES, GIVE	E WAR OR DATES	218	-30-	3635	Mrs G	eora ė a	a Groom	nes (N	liece)	Addr	ess Sa
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120. NG PHYSICIAN The low requires that the death certificate he executed within 24 hours.		or ather traumatic event,		PART I. DEATH W Canditions, if any, gove rise to imm cause (a), statin underlying couse	which nediate g the	D BY TE CAUSE (a) DUE TO, (b)	OR AS A CO	DEF DINSEQUE	ersi NCE OF	ve Car	diori	os Que	ar Du	LOS a	٠.٢	on	onser and deal
205, 2	signe Then p	nlory.	NO	PART 2 OTHER SIGN	NIFICANT (CONDITIONS	CONTRIBUTI	ING TO D	EATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASI	OR COND	ITION GI	VEN IN	I PART 1	٥١
AL RECOF	hos beer if permit	ows ony	CERTIFICATION	190 DATE OF OPERAT	TION	19b CON	DITION FOR	WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTO	NO T	IN CERT	S, WE. FYING ES [RE FINDI	NGS USED S OF DEATH?
4 OF VIT	2	ten 18 st		21g ACCIDENT WAS UNCO OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	HOUR .	OF INJURY A.M. MON P.M.		Y YEAR	21c HOW INJUR	RY OCCURR	ED (ENTER NA	TURE OF INJURY	IN ITEM 18,	PART 1 C	OR PART 2	
IVISION	ottender ter this is the bu	rked or	MEDICAL	21d INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE		E OF INJURY STREET, FACTORY		ARM, ETC }	211 LOCATION STREET			CITY OR TOWN	٧	C	OUNTY	STATE
	haspital or RECTOR Afted for use a	ZI is mo		22a certify that (1) saw the decease obave, (1) (we) (c	ed alive an	Qu	ne 23	3 10 8		nd that in (my) (au	19 <u>79</u> r) apinian d	, taleath occurre	d on the dot	23 te ond ho	. 19 ur ond	from the	that (II (wee) I couses stated
	y the has RAL DIREC detached ate Dept	+ +		226. SIGNATUR	ne	6.	Str	an		n - D PHY	NDING SICIAN	MEDICAL DIRECTOR	STAFF			22c DATE	SIGNED
CH	FUNER ould be	PORTAN		Thom		R PRINT!	510	an		220 ADDRESS 9701	Cha	urch	24	1	RU	nasc	us m

STATE OF MARYLAND

12h. KIND OF BUSINESS OR

Address Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

, that (II (yes) last

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IF UNDER 24 HRS

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should be with the IMPORT DHMH-16 20M (VRA 15, 4) 7/7B

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR George R. Snowden St.

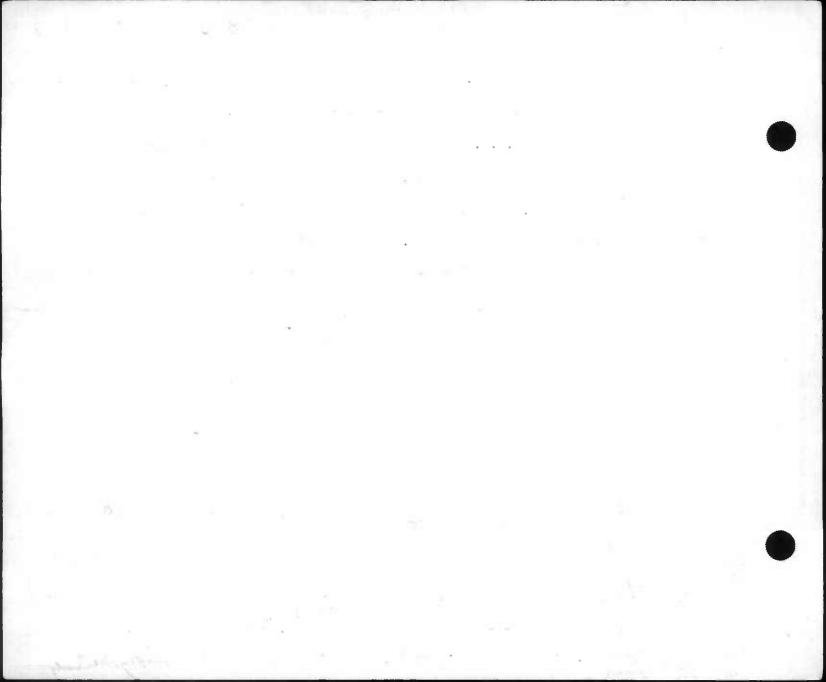
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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JUL 9

Brooke Grove Cem.

23d. LOCATION CITY OF TOWN

Laytonsville.



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	leath.
RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The law requires that the death certificate be executed within 24 hours after death. Page 4 may be
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		FOR STATE REGISTRAR	9	Till	DEPART	CERTIF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH		REG. NO.	1	8 5	2.	U
		CEASED NAME OR PRINT)	Helen HELEN	1	J.		^SDemas DEMAS	Ze. DATE C	Ju]		27,1980	26. H	15 A
	3 SEX	ema		RACE Whi	ite	S. DATE C	DAY YEAR	& AGE (IN	73		MONTHS DAY		ER 24 HRS
	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Greece			CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		gomery				M
0		ver Sprin		(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET Y Cross H	ADDRESS)	or other institution	(TYPE OF WO	OCCUPATION RK FOR MOST OF W SEWIFE				VESS O
	USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 COL			OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION			134 INSIDE CITY LIMITS?	130. STREET 2100	ADDRESS Dexter	r Ave	enue		
2	14 FA	THER'S NAME FIRST	MI	DOLE	Tarka	ados	IS MOTHER'S MAIDEN N FIRST Maria		WIDDLE		M	ihas	
1	16a WAS DECEASED EVER IN U.S.			ED FORCES? VAR OR DATES)	578-46-2		17 INFORMANT (Hus James Dema				Dext	Md.	2090
		PART I DEATH W	/AS CAUSED IMMEDIATE , which mediate	DUE TO, OI	R AS A CONSEQU	ENCE OF	in shoe	nete					
7	FICATION	Conditions, if any gove rise to immediatelying cause	/AS CAUSED IMMEDIATE , which mediate ng the ! lost	DUE TO, OI (b) DUE TO, OI (c) DNDITIONS CO	R AS A CONSEQUER AS A CONSEQUERA A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C	ENCE OF JENCE OF DEATH BUT	NOT RELATED TO THE TER	20e AUT	OPSY?	206. IF YES	EN IN PART	DINGS U	SED ATH?
9	EDICAL CERTIFICATION	Conditions, if any, gove rise to immediate to immediate to immediate the course of the	/AS CAUSED IMMEDIATE , which mediate ng the lost NIFICANT CC TION DERLYING CAUSE OF DEATH ALL EXAMINER)	DUE TO, OI DUE TO, OI CC) DUE TO, OI CC) DIDITIONS CC 196 CONDITIONS CO 176 TIME O HOUR A. P. 216 PLACE	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY	ENCE OF DEATH BUT TOPERATIO	216 HOW INJURY OCCL	200 AUT	OPSY? NO ATURE OF INJURY R	ZOD. IF YES IN CERTIF YE IN ITEM TB, P	EN IN PART S, WERE FINI YING CAUS S ART I OR PART 2	DINGS USES OF DE	ATH?
9	MEDICAL CERTIFICATION	Conditions, if ony, gove rise to im- couse (a), staffit underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER, NOTEY MEDIC 211d. (N)JURY OCCUR. WHILE NOTEY MEDIC 211d. (N)JURY OCCUR. 220 I certify that (I) sow the decessobove, (I) (we) [6]	/AS CAUSED IMMEDIATE , which mediate ng the e lost NIFICANT CC TION DERLYING CAUSE OF DEATH (AL EXAMINER) RED ORK (Shis hospito	DUE TO, OI (b) DUE TO, OI (c) DNDITIONS CO 196. CONDI 216 TIME O HOUR A P 21e PLACE (AT HOME, STR	R AS A CONSEQUENT OF INJURY M. MONTH D. M. MOTH D. M. M. MOTH D. M.	DEATH BUT H OPERATIO	216 HOW INJURY OCCL 216 LOCATION STREET 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	200 AUT YES RRED (ENTER N	OPSY? NO	206. IF YES IN CERTIF YE IN ITEM TB, P	COUNTY	DINGS U ES OF DE NO	STATE
99	-	Conditions, if any, gove rise to immediate t	ANS CAUSED IMMEDIATE , which mediate ng the lost NIFICANT CC TION DERLYING CAUSE OF DEATH ALL EXAMINER) RED MILE (Must hospito ed alive on did) (did not) AME tive on	DUE TO, OI (b) DUE TO, OI (c) 196. CONDITIONS CO 196. CONDITI	RAS A CONSEQUE RAS A CONSEQUE ONTRIBUTING TO OTHER INJURY M. MONTH D M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, The deceased from the deceased f	DEATH BUT H OPERATIO	21c HOW INJURY OCCL 21f LOCATION STREET 21f LOCATION STREET 21f LOCATION DEGREE	RRED (ENTER N	OPSY? NO ATURE OF INJURY II CITY OR TOWN ed on the dote STAFF PHYSICIA	20b. IF YES	COUNTY 19 To not from the state of the stat	DINGS UP ES OF DE NO) -, that (I he couses TE SIGNE	STATE (washed)

TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician. DHMH-16 2 (VRA 15, 4)



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VOIDED DEATH CERTIFICATE NUMBER LISTED ABOVE
DEATH CERTIFICATE: ACTUALLY A 1979 DEATH.

JEFFREY DEUGLWILLO, MAY 10, 1979, MONTGOMERY CO.

See Late 1979 Deaths.

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TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the haspital ar attending physician.

O TO HOSPITAL

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STATE OF MARYLAND

		STATE REGISTRAR		RTIFICATE OF DEATH	REG. NO	18522
1		EASED NAME FIRST	m Flava D	LAST	20 DATE OF DEATH	7 - 30 -80 3 09
h .	3. SEX		4 RACE 5 D	ATE OF BIRTH MONTH DAY YEAR	6 AGE IN YEARS LAST BIRTH	
35		THPLACE (STATE OR FOREIGN UNTRY) Md.	HMER, WI	ARRIED NEVER MARRIED DOWED DOWNED	_	GOMERY .
71	TE	WOMA PK		ADVENTIST HOSP	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
100	130 ST	id.	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI	YES NO	34 STREET ADDRESS	ROKEEST ADELPH
- Samin	WI	THER'S NAME FIRST AS DECEASED EVER IN U.S. AR	MED FORCES? 1166 SOCIAL SECURITY	MARTHA (ELESTE ADDRE	TOHNSONT
2	16a W (YE	es, no grunknown (IF YES, GIV	E WAR OR DATES)	758 Mrs. Marie:	F. Boyen	# 13 CONTRACT INTERVAL APPROXIMATE INTERVAL BETWEEN ONSET AND DE
njury, ar other traumatic		Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEAT	OF	RCINOMA	C MOS
ows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ked or Item 18 sho	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	NIN .	YEAR 19 211 LOCATION STREET	RED (ENTER NATURE OF INJUR	
T. If Nem 21 is mor		220.1 certify that (I) (***	abl ottended the deceased from 19	DE GREE	, to	
IMPORTANT: #		224 PHYSICIAN'S NAME (TYPE C	BROWN MD	27. ADDRESS 65 25 HYAT	BELCRES TSVILLE V	20782
	Tel 2011	URIAL GREMATION REMOVAL	739 DATE , 23caNAME	OF CEMETERY OR CREMATORY	THE RESERVE AND ADDRESS OF THE PARTY OF THE	

DHMH-16 20M (VRA 15, 4) 7/78





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1-	STATE REGISTRAR			DEPART		ICATE OF	DEATH	CIENT &	REG. N	0.	3	5	2	4
	EASED NAME	FIRST	7	MIDDLE	į,	AST		2ª DATE C	F DEATH	MONTH	DAY Y	EAR .	26. HOL	
(1116)	Dr.	Jos	eph	М.	D	iMisa		Ju1y	15,	1980			7:4	5A,
3 SEX	(RACE		5 DATE C			& AGE (IN	YEARS LAST BIR	THOAY)	IF UNDER		IF UNDER	
1	Male		Caucas	sian	Jan	. 2 ^{AY}	1928	5	52	YRS.	MONTHS	DAYS	HOURS	MIN
CO	RTHPLACE (STATE OR FO		CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE		MARRIED [ery				M
	ty or town of DEA	тн 1	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET Than Hos	ADDRESS)	R OTHER INS	TITUTION	12e USUAL	OCCUPAT		12b. K	CIND OF	ist 1	ESS OF
USUA 13g S M a	IL RESIDENCE (IF NURS. TATE aryland	ML COUNT	THER INSTITUTION Y gomery	113c_CITY OR TOW	da	134 INSIDE	NO [13731REE	ADDRESS Dur	bin	Terr	ace	e	
	THER'S NAME rancis		DDLE J	DiMisa		15 MOTHER Elvi	S MAIDEN NA	AME	WIDDLE]	Biac	ane	110)
160 W	VAS DECEASED EVER		ED FORCES? VAR OR DATES)	5 7 7 - 3 2		17 INFORM	ant rgaret	t DiMi	ADDR		Item	1 #	13))
N	Canditions, if ony, gave rise to imm cause (a), statin underlying cause	nediote g the last	(b)	R AS A CONSEQUE	ence of	ol of	heur D TO THE TERM	ollus MINAL DISEA	eve SE OR CON	IDITION GI	IVEN IN P.	ye ART 110	* GC	Ikou
CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUT	OPSY?	IN CERT	ES, WERE I	FINDIN	OF DEA	TH?
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR	AUSE OF DEATH	P. 21e PLACE	M. MONTH DA	19	211 LOCAT	NJURY OCCUP	RRED (ENTER N	CITY OR TO		PART I OR PA	1		STATE
¥	WHILE NOT WE AT WO	RK -		REET, FACTORY, OFFICE, F	GLA	1 / 2	10 80	(Dirle	4 /\	10 8	,	that (I) (
	sow the decease above, (I) (w≪Fic	d alive on_	July	15 19			(our) opinion	death occurr	ed on the d	ate and ho		om the o	couses st	ated
	220. SIGNATURE	ref	ha	· Rome	on	DEGREE	ATTENDING 1	MEDICAL	STA	FF CIAN [220.	På¶	SIGNED Y I	
	224 PHYSICIAN'S NA	ME (TYPE OR I	PRINT)			22e ADDRE		1						
	Josep	h A.	Romeo			10401	01d	Georg	etown	n Rd.	Be	the	sda	, Me
230 B	URIAL, CREMATION, SPECIFY) Buria		236. DATE July	1980 ^{23c r} 17, Ga			crematory en Ce	CITT	OR TOWN	Spri	COUNTY	М	st D	TATE

ATTENDING PHYSICIAN: The law

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct shouldbe detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examined

14 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES, P.A., BETHESDA, MARYLAND

256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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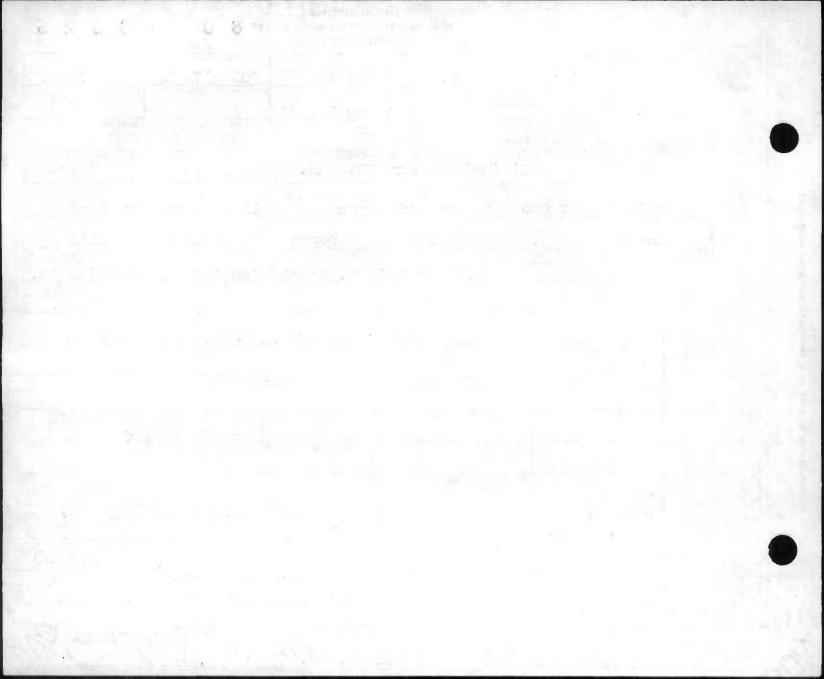
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	TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de retained by the hospital or attending physician.

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DHMH-16 25M (VRA 15, 4) 1/79

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	1-	FOR STATE REGISTRAR					ENT OF H	ICATE 0	YLAND ND MENTAL H OF DEATH			O REG. 1		8	5	2	5
		CEASED NAME OR PRINT)	FIRST		MIDDLE			AST	_	2a.	DATEO	F DEATH	HTMOM	DAY	YEAR	2b. HO	UR a
			lelba		Ruth			rnis	ch			-	, 19		ER I YEAR	12:	35 7
	3. SEX	Female		White			DATE C MONTH OCTO	DA DA	11,194	40	39		YRS	MONTHS	DAYS	HOURS	
70	CO	RTHPLACE (STATE OR I DUNTRY) rth Caro		USA	F WHAT COUN		MARRIEI WIDOWE		ER MARRIED [J 1			or con				M
26	10 CI	ethesda	ATH	CITYI	HOSPITAL, NI	URSING	eress), N	IH, E	eth.Mc	4 (m	PE OF WOR	OCCUPA K FOR MOST EWI	OF WORKING	LIFE) 12h	KIND C DUSTRY	F BUSIN	IESS OR
35	130 S Ma	AL RESIDENCE (# NUI TATE ryland	136 GOUN	OTHER INSTITUTION ITY	13c CITY OR	TOWN		roxx				ADDRESS	own I	Farm	n Ro	ad	
00		THER'S NAME FIRST Roger		MIDDLE).	Tilgh	ımaı	n	15 MOTH	PRST DOTIS	NAME		Loui	se	- 8	Ηi	11	
7		AS DECEASED EVEL		MED FORCES?	166 SOCIAL	SECUR	ITY NO	17 INFO	THAMS			ADDI	RESS			Sam	e
		no			215-3	36-	5791	Mr.	Donal	ld_I	Dorr	isc	n (h	usba	ind)	as	Pt.
		PART I. DEATH V	TH (Enter on	ly one cause p											APPROX BETWEEN	MATE INT	
		1991	IMMEDIAI	E CAUSE (o)_				-	Si. cons								
		Conditions, if on	. which	DUE TO,	OR AS A CONS	N	10-A	(2)	i 05.0	e ma	. Z	Ca	· · · ·		121	YLA	
		gove rise to im cause (a), state underlying caus	mediate ng the	DUE TO, (c)	OR AS A CONS												
	NO	PART 2 OTHER SIG	NIFICANT	ONDITIONS	CONTRIBUTING	G TO DE	ATH BUT	NOT RELA	TED TO THE TE	RMINA	LDISEAS	E OR CO	NDITION (SIVEN IN	PART 1	a)	
	CERTIFICATION	19a DATE OF OPERA	ATION	196 CON	DITION FOR W	HICH C	PERATIO	N WAS PE	RFORMED	- 1	200 AUT	NO [YES, WER			ATH?
1		210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH P.M.	1 DAY	YEAR	21c HOV	W INJURY OCC	URRED	(ENTER NA	ATURE OF INJ	URY IN ITEM I	B, PART I O	R PART 2)		
	MEDICAL	214 INJURY OCCUP	VHILE [218 PLAC (AT HOME, S	E OF INJURY STREET, FACTORY, O	FFICE, FAR	RM, ETC.)	21f LOC	ATION			CITY OR TO)WN	co	UNTY		STATE
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1		226 SIGNATURE	5%	10	l			DEGREE	ATTENDING PHYSICIAN	4 🔲 D			ICIAN (2c DATE	171	(R)
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	230 B	URIAL, CREMATION	REMOVAL	23b. DATE		23c NA	AME OF C	EMETERY	OR CREMATOR	RY	23d. LOC.	ATION		COUNT			TATE
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M 79	24. Ft	NAME ROBET		Wilhe	1m ADDRE	\$5		and,	25a P	ONTE PE	crp. 19	EGISTRA OU	R 255 REG	STRAPIS	SIGNA	NRES	
		Funer	al Ho	ome In	C	2	$u \perp \iota \perp$	allu,	TICLE							1	



	FOR - STATE REGISTRAR		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		O REG. NO		8	5	2	6
	ECEASED NAME FIRST	WIDDLE	ı	AST	26 DATE OF	DEATH M	ONTH	DAY	YEAR	Zh. HOL	JR 46
L	ROBE		DU	DLEY				1980	_	6	PA
3 51		4 RACE	5. DATE C		6. AGE (IN YE		DAY)	IF UNDER	DAYS	IF UNDER	24 HRS
	Male	Caucasian	No	v 5 1909		70	YRS				
	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) TKANSAS	U.S.A.	MARRIEI WIDOWE	NEVER MARRIED	Mon	t gome				,	ME
10 (Bethesda	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Suburban	ADDRESS)		120 USUAL C (TYPE OF WORK Edito	FOR MOST OF			KIND OF USTRY Pr		
M.	aryland Mont	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO [olli	ns A	ven	ue	#51	7
1		milton Dudl	-	IS MOTHER'S MAIDEN NAME FIRST Re11a	ME.	MIDDLE		3	S 10	an	
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIN NO	RMED FORCES? 166 SOCIAL SECU E WAR OR DATES) 408-10		17 INFORMANT		same	e as	it	em	13	
	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEOU	ence of	duodenul e	riti	,			30 35	ha	912
CERTIFICATION	PART 2 OTHER SIGNIFICANT	conditions CONTRIBUTING TO	DEATH BUT	CAYCUAL PO		ef un	20b. IF YE	UNC S, WERE	FINDIN	GS DSE	POLL D TH?
	THE ACCIDENT WASHINDERSTING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	- NOW INJURY OCCURR	RED (ENTER NAT	URE OF INJUST	P4 ITEM 18, F	MART I CHEP	ART 2)		
MEDICAL	WHILE AT WORK AT WORK	216 PLACE OF INJURY	FARM, ETC.)	711 LOCATION	on	CITY OR TOWN	-0	COUR	env	3	STATE
	saw the deceased alive a	at the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19		od that in (my) (evr) apinian o	/	d on the dat	e and hau	_			ated
	22d PHYSICIAN'S NAME (TYPE) Allen J.	MARINTI O'Neill MIL		ATTENDING PHYSICIAN (1)	DIRECTOR [_	Ra	1 7	Se /	4/9	7/9 Na
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	. 236 DATE July 23c		EMETERY OR CREMATORY f Heaven	236 LOCA CITY OF S11	TOWN	prin	COUNTY	Mar	sı y 1 a	ATE and
24 (FUNERAL DIRECTOR ROBE HOMES, P.A.	RT A. PUMPHREY BETHESDA, MA	FUN	ERAL 250. DATE	REC'D. BY RE	GISTRAR 2	Sh. REGIST	RAR'S S	IGNALI	IREO	7

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires

retained by the hospital or attending physicion.

DHMH - 16 50M 1/76 (VR A 15 (4))

▶ TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after ded with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar other traumatic event, the medicalexam

must be notified of once.

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FOR

STATE OF MARYLAND 8 5 28 DEPARTMENT OF HEALTH AND MENTAL HYGIENE Ü

	1 -	REGISTRAR				CERTIF	CATE OF D	EATH	- :	REG. NO			-	
		CEASED NAME OR PRINT)	Hiram		Shunk	LA	Evans		2a DATE O	F DEATH M		4-80	26 HOU	
	3 SEX	male		RACE	sian	5. DATE O		19EAR	6 AGE (INY	EARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER	8.8- VV
53	7a BI	RTHPLACE (STATE OUNTRY)	2	76 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIED WIDOWE	NEVER M	ARRIED	9 BALTIMO	RECITY OR	COUNTY	of DEATH	/	MD.
11	Ta	Komala	rk, Md.	Mask	HOSPITAL, NURS	O Adv	entis	+ Losp.	(TYPE OF WOR	OCCUPATION K FOR MOST OF	WORKING LIF	126 KIND O INDUSTRY U.S.		
35	130 S	AL RESIDENCE (IF STATE ATHER'S NAME	1 13b COUN	tavnen	13c CITY OR TO	Spring	13d INSIDE CE	TY LIMITS?	130 STREET	ADDRESS 6115	+ Au	ence.	, The Line	
50		John)	NIDDLE	EVOI	25	Ha	rriet	4	MÍDDLE		Shu	nk	
1		VAS DECEASED E YES, NO OR UNKNOWN		MED FORCES? WAR OR DATES)	216-41	4-4511	17. INFORMAT	rothy	Lovet	ace	6 W	inding	laye	Cour
			H WAS CAUSED		Ine for 101, 161,	PULMA	NAR	1 AR	PREST				MATERINTER ONSET AND	
		Conditions, if		DUE TO, C	R AS A CONSEC	VENCE OF	E					IMME	DIAT	٤
		couse to , s underlying c	ouse lost	((c) /	RAS A CONSEC	2176						14	EAV	
	VIION	PART 2 OTHER			ONTRIBUTING TO	~	A		IN AL DISEAS			EN IN PART 110		
2	CERTIFICATION	210. ACCIDENT WA	- tv	216. TIME C	TRIC &	WTZ 87	0/57	PUC 170	YES 🗆	NOM	IN CERTIF	YING CAUSES		H?
7	EDICAL CI		CAUSE OF DEAT	TH HOUR A	M. MONTH M. OF INJURY	DAY YEAR	21f LOCATIO		ED (ENIERNA	TURE OF INJURY	IN HEM 18, P.	ARI I ORPARI 2}		
	ME	WHILE N	OT WHILE	(AT HOME, ST	REET, FACTORY, OFFIC		STREET	107	, -	CITY OR TOWN	1 1/	COUNTY		ATE
		sow the de- obove, (I)	ceosed olive on	7-	2/ ofter death.	Fig. on		, 19 4 0 (in) opinion o	deoth occurre	ed on the dot	e and hou	r ond from the		
		226. SIGNATURE	n	Q	oll	- W			DIRECTOR	STAFF PHYSICI		7-2	4-d	E
		Van	ANLEY	M.	ICN 80	L, ND		WAS	1º	De	57	2003	6	
	(:	SURIAL, CREMATI	al	236. DATE	4-80 (CLASGE	THUN L	Low The	die	OR TOWN S	las	COUNTY (1)	ASh STA	DC
	M	JNERAL DIRECTO	SITAN	T.S.	ADDRESS	XANN	riA, 0	JUL 2	8 198	0	DI. REGIST	RAPISSIONAT	7	

USE S STUL

8 5 6 8 1 0 8

(M)	24
Page 4 m	director, po nours after d
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 miles even on attending physicion.	ATO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the futural director, page is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 mount allocations with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
n 24 hours	filled in by nould be file
scuted withi	d completely ss 1 and 2 sl
icate be exe	hysicion onc papers. Poge avol.
death certif	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or remaval.
es that the	please remo
low require	ermit. Then
TO HOSPITAL OR ATTENDING PHYSICIAM, The low retained by the hospital or attending physician.	iol-tronsit p ntol Hygien
ING PHYS	After this consists of the buri
OR ATTEND	ched for use Dept. of Hea
OSPITAL C	FUNERAL Cald be detailed the State D
TOT	Show

must be notified of once.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather troumatic event, the medical and injury, and injury is a strength or a s

C

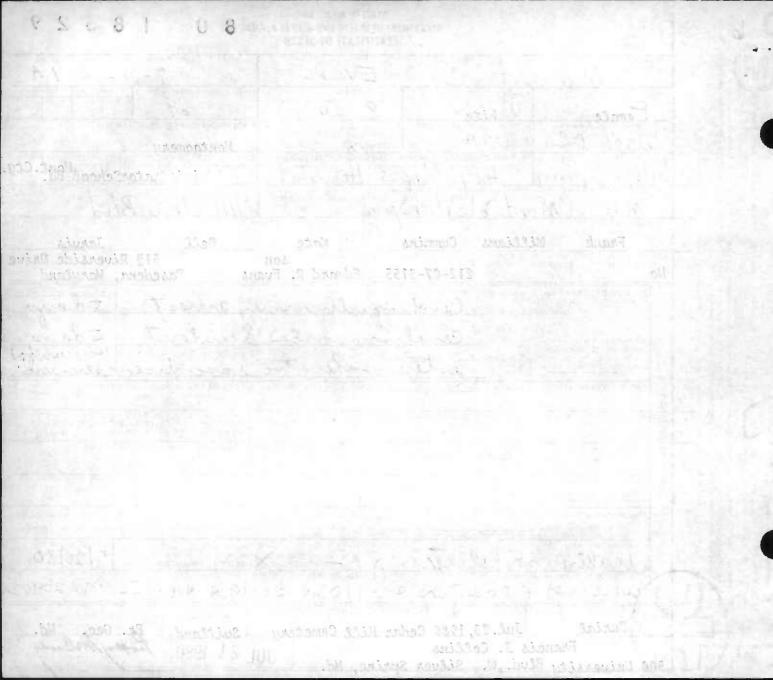
FOR

STATE OF MARYLAND 8 5 2 9 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ì	1-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	: REG. NO		MES .
l	1. DEC	EASED NAME FIRST	1 ^	AIDDLE	LAST		MONTH DAY YEAR	2b HOUR
l	(TYPE C	Marg Marg	avet	CE	Evans		7-20-80	1A M
I	3. SEX		4 RACE	5. DATE (DF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
ł		omalo	Whit	0 8	24 10	69	YRS.	MIN.
	7a BIR	THPLACE STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8		9 BALTIMORE CITY OF	COUNTY OF DEATH	
1	G	Jash D.C.	USI	4 WIDOWI	D NEVER MARRIED L	Montgome	hu .	MD.
1	19-517	Y OR TOWN OF DEATH .		HOSPITAL, NURSING HOME (DR OTHER INSTITUTION	120 USUAL OCCUPATIO	126. KIND (OF BUSINESS OR
	21	Iver Sprine	9 Hol	4 LOSS	Hospital	Adminis	working life) INDUSTRY	emant. Cty.
I	USUA 13a. S	L RESIDENCE (IF MURSING HOMI	FOR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION)	1138. INSIDE CITY LIMITS?	13e. STREET ADDRESS	711	
1		MON	lont.Co	Silversprin	YES NO	1111 Un	IN Blud	
I	14. FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	I.A.	ST
		Frank	Williams	Cummins	Kate	Roll	Jar	vis
1		'AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT SON	ADDRES	5518 Rivers	ide Drive
١	No	ES, NO OR DIAKNOWN) (IF IES,	OIVE WAR OR DATES	212-07-3155	Edward R. Evo			yland
1		18 CAUSE OF DEATH (Enter	r only one couse per	line for (a), (b), and (c)				MATE INTERVAL ONSET AND DEATH
١		PART I. DEATH WAS CAL	JSEĎ BY: DIATE CAUSE (0)	Carolingon	ulmaran	n amer	1 50	Largo
1	24	421		R AS A CONSEQUENCE OF		1		2 0
1		Conditions, if ony, which	DUE TO, OI	Conclusion	mourles	accider	J 50	lans.
		gove rise to immediate		1	0 4		· Ku	rue (La)
1		underlying couse lost	DUE TO, OI	R AS A CONSEQUENCE OF	relevation	I Amar. al	mener	· ····································
1		DART 2 OTHER SIGNIFICAN	(c)	ONIT PIPLITING TO DEATH PLIT	NOT RELATED TO THE TERM	INIAI DISEASE OR COND	UTION GIVEN IN PART 1	
	Z	PARI 2 OTHER SIGNIFICAN	41 CONDITIONS CC	DIVINIBULING TO DEXTIT	THOT RECATED TO THE TERM	MINAE DISEASE OR COINE	MON GIVEN IN PART I	101
5	ATI	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	
4	CERTIFICATION					YES NO	IN CERTIFYING CAUSE:	NO [
	CER	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DAY YEAR				1,610,40,00
	MEDICAL	21d INJURY OCCURRED	NER) P.		21f. LOCATION			
1	ME	WHILE IN NOT WHILE I		REET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNTY	STATE
-		22a.1 certify that (I) (this ha	ospital) attended th	e decensed from	19	to	19	that (I) (we) last
1		saw the deceased alive above, (!) (we) (did) (did	on	19	nd that in (my) (our) opinion	death occurred on the do		
		22b. SIGNATURE	not view the body	otrer deorn.	DEGREE		22c. DATI	SIGNED
		1 Dellan	OF LA	Clathani	ATTENDING PHYSICIAN	MEDICAL STAF		10/80
٦		276. PHYSICIAN'S NAME (TY	PE OR PRINT)	()	22e. ADDRESS	,	75 4.0	
	2	WILLIAM	F. COL	LIDOW, JR.	10301 Se	orgina Ave	· 27' M	20902
	23a. B	URIAL, CREMATION, REMOV	/AL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	12	Burial	Jul. 23	. 1980 Cedan H	ill Cometonii	Suitland	Par. Geo.	Md.
	24. FU	NERAL DIRECTOR Fran	cis J. Co		250. DAT	0 1 40001	TSE REGISTRAL'S SICHA	tready
	50			Silver Carin	2 119	JE 2 T 1380	1	1

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

18

1.	REGISTRAR				CERTIF	CATE OF DEATH		REG: NO			
	CEASED NAME	FIRST		MIDDLE		AST	2m DAT	E OF DEATH	MONTH DAY		2b. HOUR
	SAM	UEL		G.	FA	RRAH		Jul	y 11	80	8:10 P.M
3 SE	× M ALE		A RACE CAUC	ASIAN	S DATE C			IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
	RTHPLACE (STATE OR FO	DREIGN	TE CITIZEN OF		TRY? 8 MARRIES	NEVER MARRIED	LIVI WALL	MORE CITY OF		FDEATH	MD.
	SILVER SPR				URSING HOME OF THOSPITA	R OTHER INSTITUTION	7.7	VER-UPE		RESTAL	URANT
USU. 13e. S	AL RESIDENCE (IF NURS		OTHER INSTITUTION			134. INSIDE CITY LIMIT	15? 17060	4 ADDRESS	NE ST.		11/1
14. FA	SHEEDED	N	AIDDLE	FARI	RAH	15. MOTHER'S MAIDER		WIDDLE	UNK	CNOWN	51
160 V	WAS DECEASED EVER		MED FORCES? WAR OR DATES)		SECURITY NO. 1-5152	FFIE FARE	RAH SAI	ME AS 13		3	
CERTIFICATION	Canditians, if any, gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	last	(c) ONDITIONS <u>C</u> (R AS A CONS	EQUENCE OF	ARTHERY 1700 - AT NOT RELATED TO THE WAS PERFORMED	HKLOS TERMINAL DIS	chero	TOOL IF YES, V	WERE FINDIN	NGS USED
TEX.	NA	1_			114		YES	NOT	YES YES		NO
MEDICAL CER	210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF OFA	Р.	M. MONTH	DAY YEAR	21c HOW INJURY OC		R NATURE OF INJUR	F IN ITEM 18, PART	I I OR PART 2)	
MEC	216. INJURY OCCURE WHILE NOT WH AT WORK AT WO	THE MIA		OF INJURY REET, FACTORY, OF	FFICE, FARM, ETC.)	STREET	N.A.			COUNTY	STATE
	22a. I certify that (1) saw the decease abave, (1) (we) (c 27b. SIGNATURE	d alive on	7/10	0	19 80 , an	d that in (my) (aur) api	NG MEDIC		te and haur a		
	224. PHYSICIAN'S NA	ME (TYPE OR	PRINT, WE.	10/0	M.D	22e ADDRESS	HODK	N CRK		215, 13	SETTHESE
23a E	BURIAL CREMATION,	REMOVAL	236. DATE 7/14,	180		EMETERY OR CREMATO	SIL	OCATION ITY OF TOWN	RING	MONT	
24 FI	INFRAL DIRECTOR	RANCI:			55			BY REGISTRAR 7			

COLLINGOMESS LVER SPRING, MD. 20901

DHMH-16 25M (VRA 15, 4) 1/79 FRANCIS
500 UNIV. BLVD. W.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the union should be detached for use as the burial-transit permit. Then please remove tan with the State Dept. of Health and Mental Hygiene prior to burial, etemption. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other Item

ATTENDING PHYSICIAN: The sital or attending physician.

0 2 6 0 0 3 LECTION CONTRACTOR B 51 24 51/42 [UNION] TIBES - 2610-15-510

THE WELL THE

	death
	after
ND 21201	n 24 hours
MARYLA	cuted withi
ALTIMORE	icate be exe
ON ST., B	eath certif
W. PREST	that the de
DS, 201	requires
I RECOR	: The law
ISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIN	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of by the hospital or attending physician.
AIG .	R ATTENDIN spital or atter
	(3 4)
1	TO H

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after deat with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

				REG: NO.	The second
	CEASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH MO	NTH DAY YEAR 26. HOUR
(WILLA	RA CHRIS	TIL FIGARS	7	12 80 3
3 SE	X	4 RACE	DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 2
	MALE	CAUCASIAN	OCT. 15 191	7 62	YRS. HOURS
7a. B	RTHPLACE (STATE OR FOREIGN	71 CITIZEN OF WHAT COUNT	PY? 1	BALTIMORE CITY OR C	
P	FNNSYLYANIA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	at the law or committee of	MERY
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	RSING HOME OR OTHER INSTITUTION REET ADDRESS!	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE INDUSTRY
TA	KOMA PARK	WASHINGTO.	N ADVENTIST	CONCRETE	Const.
USU.	STATE 136 COL				CHBURN RI
14. FA	ATHER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIDEN I		1257
	JAMES	C FIGA	A . '		JOHNSOY
16a V	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SI	ECURITY NO 17 INFORMANT	ADDRESS	
- '	YES, NO OK DAKNOWAJ (IF YES, GI	170-12-	6709 FLIZABETH	S. FIGARD 3	SAMFAS 13 F.
	IL CAUSE OF DEATH (Enter of	only one cause police for (a), (b)			APPROXIMATE INTERV
	PART I. DEATH WAS CAUS	FD BY	story Arrest		
	Canditians, if any, which	DUE TO, QRAS A CONSE	mais all lar	centra of	Musin 4 moni
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, ORAS A CONSE	QUENCE OF	- COPD	Womenth
NO	gave rise to immediate cause (a), stating the underlying cause last	(c) Calley	QUENCE OF	- COPD	Tyen
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	(c) ONTRIBUTING	sing (K) Jung	20a AUTOPSY? 2	ION GIVEN IN PARTITION IN IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT
AL CERT	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216 TIME OF INJURY HOUR A.M. MONTH	TO DEAM BUT NOT RELATED TO THE TE	20a AUTOPSY? 2	ION GIVEN IN PARTITION IN IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO
CERT	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216 TIME OF INJURY HOUR A.M. MONTH	TO DEAM BUT NOT RELATED TO THE TE ICH OPERATION WAS PERFORMED 21c HOW INJURY OCC 19 211 LOCATION	200 AUTOPSY? 2	ION GIVEN IN PARTITION IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO LITEM 10, PART 1 OR PART 2]
AL CERT	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (FETHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK AT WORK 12a.] certify that (1) (this has saw the deceased alive or	CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	TO DEAM BUT NOT RELATED TO THE TE ICH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET	ZOR AUTOPSY? ZO TOWN VES NO	ION GIVEN IN PARTU(a) ON IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO CHEMICAL NO COUNTY ST.
AL CERT	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (FETHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK AT WORK 12a.] certify that (1) (this has saw the deceased alive or	CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	TO DEAM BUT NOT RELATED TO THE TE ICH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET	20a AUTOPSY? YES NOW URRED (ENTER NATURE OF INJURY IN CITY OR TOWN an death accurred an the date	ON GIVEN IN PARTITION IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEAT YES NO COUNTY 19 21 And hour and from the causes sto 22 DATE SIGNED

DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR LAUREL FUTIERAL HOME

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

471077 LAUREL, MD. 20810

23c. NAME OF CEMETERY OR CREMATORY

BURTOMSKILLE

23d LOCATION CITY OR TOWN

mp. MINTERMETY

The state of the s The second of th THE DESCRIPTION OF THE STREET STREET STREET STREET AND MOREONEY BUTTONISES X STREET ROLL SO THE C. FLYED PARTY THREED NA THE PROPERTY PROPERTY SHOPE STATES STATES STATES Belling Tours of the second of the second of the second of the Beech Agentie Strange - Marie - Agent - Marie - Marie - Mill - I - 1986 - Action - Marie - Mar

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

and completely filled in by the funeral director, page 3 ages 1 and 2 should be filed within 72 hours after death

STATE OF MARYLAND

ł	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
Ì	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	E T T C I T T	2ª DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ı	DAU	11 John 1	FITZGIBBON	//	20 80 900 m
ľ	3 SEX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN
I	male	white	Nov. 18 1902	77 YRS.	MONTHS DAYS HOURS MIN
I	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
	Massachusetts	USA	WIDOWED DIVORCED		MERY MD
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	TURSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
	BETHESDA	SUBU	IRBAN	Dentist.	the) INDOSTRI
1	USUAL RESIDENCE (IF NURSING HOME 138: STATE 136: COI			130 STREET ADDRESS Apt.	419
4	D.C.	Washi		3003 Van Ness S	
1	14 FATHER'S NAME		IS MOTHER'S MAIDEN NA	AME :	LAST
	John	Fitzai			Donovan
1	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL			eonard Street
1	Yes, NO OR UNKNOWN) (IF YES, G	TT 577-5			l. Mass. 01331
ł		only one cause per line far (a), (TAMORE FI	OUSEACH RATIO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUS	SED BY	hunden aunt		Inne
	IMMEDI	ATE CAUSE (a)	7,000		
1	Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF		4 weeks
١	gove rise to immediate	(6)	0 : =		4 weeks
ı	cause (a), stating the underlying couse lost	DUE TO, OR AS A CONT	Cità Vend Far	luce	4 week
I			G TO DEATH BUT NOT RELATED TO THE TER	WINA DISEASE OR CONDITIONS	IVEN IN PART UOT
I	& arterio s	dente 1	eng Disasi,	Voulouts 15	reflect Visces
1	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED DEVING CAUSES OF DEATH?
					YES NO
٦	210 ACCIDENT WAS UNDERLYING	U		RRED (ENTER NATURE OF INJURY IN ITEM IS	I, PART I OR PART 2)
1	OR CONTRIBUTING CAUSE OF C	PEATH	19		
1	(IF EITHER, NOTIFY MEDICAL EXAMINE 216, INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	AT WORK NOT WHILE AT WORK	(11.11.11.11.11.11.11.11.11.11.11.11.11.	A	4.6	
	220.1 certify that (1) (this has	spital) pttended the deceased		1. to	, 19, that (I) (we) last
1	saw the deceased alive a above, (1) (we) (did) (did	not) view the body after death.	19_SOU_, and that in (my) (owr) apinion	death occurred on the date and h	our and from the couses stated
1	22b. SIGNATURE	1	DEGREE		22c. DATE SIGNED
	Willer An	- felloy	m ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	17-21-80
٦	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	A 1	3 to 10 0 0
	William	HENRY KU	(AX 1218 W10	cousin Circ	James (Me
	23a. BURIAL, CREMATION, REMOVA	AL 23b. DATE	GOTHA OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, should be detached for use as the burial-transit permit. Then please remove carbon pa with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

TO FUNERAL DIRECTOR: After this certificate has been signed by ATTENDING PHYSICIAN:

TO HOSPITAL OR ATTE

Burial July 2
24 FUNERAL DIRECTOR Francis J. C.
500 University Blvd. W.

Worchester

Francis J. Collingues Silver Spring,

ry Athol
258. DATE REC'D. BY REGISTRAR PER RES

C C S THE O S CONTRACTOR WAY OF

cu. 12 1202 77

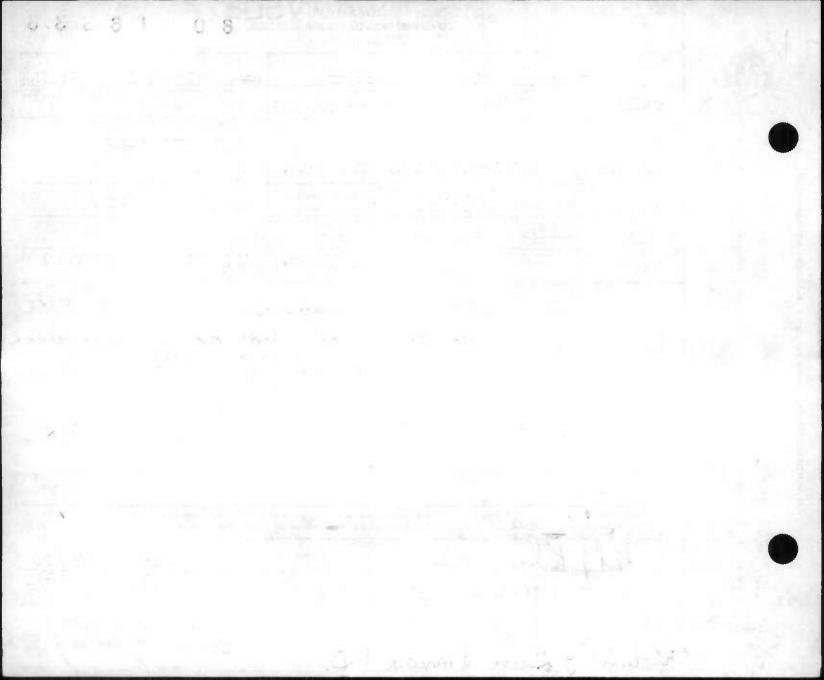
Pashimaton 3013 Van Yass Street Van

John Catherine Catherine Signer Street

Ves 177 57-54-4046 (defrering J. Coachin Athor, Mass. 01321

ı	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 0 1	8 5 3.3
	DECEASED NAME FIRST	WIDDLE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	Rene		Fletcher	July 2,	1980 7:49A
3. S	Female	White	January 22, 148	B 17 YRS.	FUNDER LYEAR IF UNDER 24 HRS
	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED XX	Mongtomery Co	
	CITY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL, NURSIN	GHOME OR OTHER INSTITUTION PETS, NIH, Beth, M	120 USUAL OCCUPATION STYPE OF WORK FOR MOST OF WORKING LIF Student	12%, KIND OF BUSINESS OR INDUSTRY
35 Ma	aryland Alle	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY Egany Orleans	N 134. INSIDE CITY LIMITS?	Route #1 Box	32
	FATHER'S NAME Philip Fran	MDDIE Cis Fletcher	Norma Ka	me thleen	Renn
7	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU	Same as Pa	Philip Fletche	er (father)
NON		DUE TO, OR AS A CONSEQUE (c) DO URCE CONDITIONS CONTRIBUTING TO D	PEN-HEART S INCE OF CONCENITAL I DUTLET RIGHT DEATH BUT NOT RELATED TO THE TERM	VENTRICLE MINAL DISEASE OR CONDITION GIV	/EN IN PART 1(a)
) BICA	7 1 80	RIGHT 1		IN CERTIF	5, WERE FINDINGS USED YING CAUSES OF DEATH? (S NO PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE NOT WHILE		19 211 LOCATION	CITY OR TOWN	COUNTY STATE
m 21 is marked	22a.1 certify that (this has	pital) attended the deceased fram Unity 2 19 6	une 29 19 80 0 and that in (our) apinion	death accurred on the date and hou	19 80 , that (we) las
MPORTANT: If Item 21	226. SIGNATURE	In ms	DEGREE ATTENDING PHYSICIAN [7/2 PO
MPORT	KARL TO K	(ARLSON, M)	Clinical (onal Institutes Center, Bethes	da, Md 20205
230	BURIAL, CREMATION, REMOVA (SPECET) BURIAL		ice Mem. Wesleyan	Little Orleans	s Allegany Md.
5M 1/79	FUNERAL DIRECTOR	Live Dances	oct MD 150 M	EREC'D BY DEGISTRAR 251 REGIST	RAP'S SESMATURE

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, ZOT W. PRESION ST., BALLIMORE, MARTITAND ZIZO	ALIMORE, MARTIANO 21201
TO HOSPITAL OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or attending physician.	icate be executed within 24 hours after death. Page.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Figer 1 and 2 should be filled within 72 fillurinal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	sicial and completely filled in by the funeral directs ers. Pager 1 and 2 should be faled within, 22-thurs at val.

page 3

FOR - STATE

REGISTRAR

DECEASED NAME

BIRTHPLACE

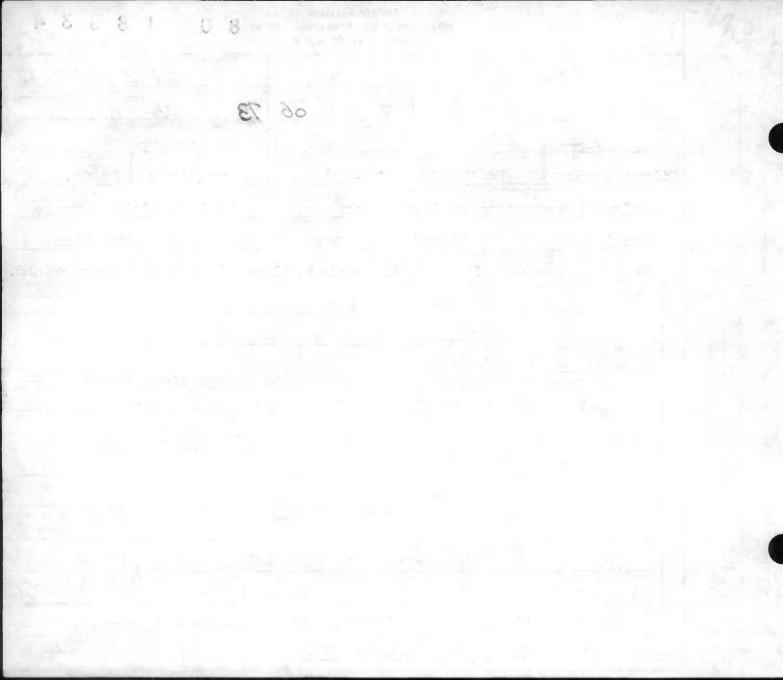
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 20. DATE OF DEATH MONTH 2h. HOUR 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR OG MONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED XXNEVER MARRIED Montgomery DIVORCED [WIDOWED MD.

Silver Spring Holy Cross Hos								L OCCUPATION	ON F WORKING LIFE)	12h KIND OF 1	BUSINESSOR
S	ilver Spr	oss Ho	spital		xpedi		3M Cc				
13a.	AL RESIDENCE (IF NURS STATE Maryland	136 COUNT		13c. CITY OR 1	IOWN	13d INSIDE CITY LIMITS?		TADDRESS	estla	ke Ter	race
14. F.	ATHER'S NAME		DOLE			15. MOTHER'S MAIDEN N	IAME	,			
	Jacob	M	DOLE	Flig	gel	Rose		WIDDLE		Morowi	tz
16a.	WAS DECEASED EVER		ED FORCES?		ECURITY NO	17 INFORMANT		ADDRE			
	NO OR UNKNOWN)			322-05	-8461A	Mattie K. F	ligel;	7401 V	Vestlak	e Terr,	Beth,Md
	PART I DEATH W	AS CAUSED IMMEDIATE	CAUSE (o)	AS ACONS	SUDACE OF	Arrest				APPROXIMA BETWEEN ON:	TE INTERVAL SET AND DEATH
3	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost Conditions Condition Cond										
NO O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1101										
CAL CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WH	HICH OPERATIO	ON WAS PERFORMED	YES [TOPSY?		VERE FINDING NG CAUSES O	
	21a ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER	NATURE OF INJUIL	RY IN ITEM 18, PART	1 OR PART 2]	
MEDICAL	214 INJURY OCCUR	HILE [7]	21a PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	W	COUNTY	STATE
	22e 1 certify that (I) (this hospital) attended the deceased from										
	221 SIGNATURE DEGREE DATTENDING MEDICAL STAFF 7/13/80										
	Leonard /	A. Wi	snes li	My		6410 Rockes	Age Dr.	#308	Beth	sda, l	1.20034
230.	Burial, Cremation, SPECIFY) Buria	_	July 15			emetery or crematory wn Cemetery	CIT	rwood I		llinois	STATE

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR

Par Funeral Director
Danzäńsky-Goldberg Chapels; 1170 Rockville Pike

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,



requires that the death certificate be executed within 24 hours after

examination be notified of once

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the firmerial should be detached for use as the buriol-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other troumotic event, th

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

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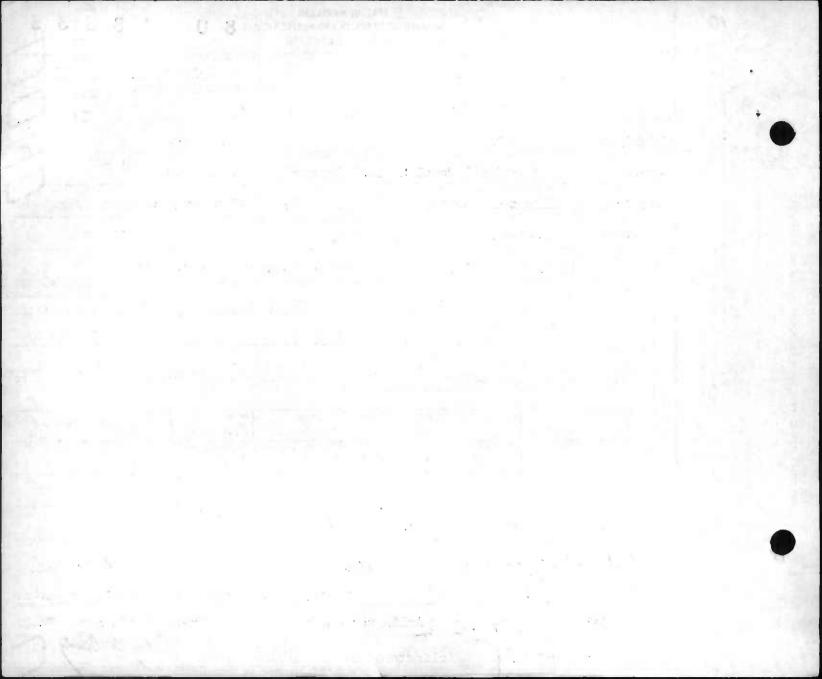
	REGISTRAR			CERTII	TCATE OF PEATE	REG. N	0.			
	DECEASED NAME FIRST TYPE OR PRINT)		MIDDLE		AST		MONTH	DAY YEAR	26 HOUR	
	Richar	d	E.	F	ORMAN	July	22	1980	11:00P _M	
3.	. SEX	4. RACE		5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	(YADH)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Male	Caucas	sian		pt. 12 1918	61	YRS	MONTHS DAYS	HOURS MIN.	
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	The CITIZEN OF WHAT COUNTRY?		D X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
1	Michigan	USA		WIDOWE	D DIVORCED	Montgomer	-		MD.	
E	Bethesda	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL NURSING HOME OF HOSPITAL NAVAL MEDICAL NAVAL MEDICAL NAVAL MEDICAL NAVAL MEDICAL NAVAL MEDICAL NAVAL MEDICAL NAVAL			ROTHER INSTITUTION 120 USUAL OCCUPATION 17 PE OF WORK FOR WOST OF WO 1. S. Navy			12b. KIND OF BUSINESS OR INDUSTRY		
		other institution nty ington	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	3708 Nort	h Ve	rmont	14	
14. FATHER'S NAME Clyde Jefferson For				n	Myra FIRST	Lillie LAS	ST			
16	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (185. NO OR UNKNOWN) (18 VES. CNE WAR OR DATES) 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (185. NO OR UNKNOWN) 1940-68 367 12 6860 Margaret Forman See item							3		
Г	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)								
Т		TE CAUSE (0)	Ress	Dire	story Faile	ure		ima	immediate	
	Conditions, if any, which gove rise to immediate DUE TO. OR AS A CONSEQUENCE OF L: Ver Failure							20	2 wks	
	cause (a), stating the underlying cause last. DUE TO. OR AS A CONSEQUENCE OF Prostate Carrice V						5 m	non thes		
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
	19a DATE OF OPERATION	ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ▼ NO □ YES ▼ NO □			OF DEATH?		
		NIN .	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 1	8, PART 1 OR PART 2)		
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN						COUNTY	STATE	
	22a.1 certify that is (this hospital) attended the deceased from									
	226. SIGNATURE Reclard H Leuro DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF								SIGNED Pules 80	
	Richard H	Richard H Lewis mD National Naval Medical Center Bethesda, Md.								
23	30. BURIAL, CREMATION, REMOVAL (SPECIFY)Burial	July 2	28,1980 Arl	ME OF C	emetery or crematory on National	23d LOCATION CRYONION ATTING		ArTingto		
24	FUNERAL DIRECTOR		ADDRESS		9 9 1 3 1 7	REC'D. BY REGISTRAR	256 REQ1	STRARASICAL	UR	
1	Murphy Funeral	Home	Arlingt	ton,	Va. DUL	2 9 1980		/		

DHMH - 16 60M 7/73 (VRA 15(4))

Murphy Funeral Home

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.



ATTENDING PHYSICIAN: The law

3		FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYGICATE OF DEATH	REG) .NO	8 5 3 6
death		CEASED NAME CORPRINT	InnA	RACE	S DATE C	RAYK	28 DATE OF DEATH	7-15	20. 1100K
Traffer Communities of the community of		FEMALE		WHITE	FEE	DAY YEAR	80	YRS.	NTHS DAYS HOURS MIN.
72 hou	0	IRTHPLACE (STATE OR FOUNTRY) GREECE		U.S.A.	MARRIE		Montgon	,	ounty mo
	si	ity or town of de	ng	HOLY CROSS	S HOSPITAL	OR OTHER INSTITUTION	HOUSEWIF	ATION / STOF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
135	13a S	AL RESIDENCE (IF NUR STATE MARY LAND	1136 COUNTY MONTG	OMERY SILVE	OR TOWN R SPRING	13d. INSIDE CITY LIMITS? YES NO [130. STREET ADDRE	ss CRISFIE	LD ROAD
ord 2 sho	14. FA	ATHER'S NAME FIRST	MIDD	LUKAS	LAST S	IS MOTHER'S MAIDEN NA HELEN	MIDDL		LAST
Pages 1		WAS DECEASED EVER YES, NO OF UNKNOWN) NO	(IF YES, GIVE WA		NE	WILLIAM S.	•		3 LOCKRIDGE D R SPRING, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Then plans rem for to burist, crem any injery, or of	TION		ng the e lost		ING TO DEATH BUT	- L dat (0	100
8 shows	CERTIFICATION	19a DATE OF OPERA		196 CONDITION FOR	WHICH OPERATIO		YES NO	IN CERTIFYI	
of trans	=	21a. ACCIDENT WAS UN OR CONTRIBUTING [] [IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF	injury/in item 18, Part	T 1 OR PART 2)
thand M	MEDIC	21d. INJURY OCCUR WHRE AT WORK AT WORK	MILE [210 PLACE OF INJURY (AT HOME, STREET, FACTOR)		211 LOCATION STREET	CITYON	TOWN	COUNTY STATE
ed for use a ept. of Hest I frem 21 is		saw the deceas	ed alive an	attended the deceased	1980 , ar	, 19 65 and that in (my) (que) apinian DEGREE	death occurred of the	19 19 e date and haur a	and from the causes stated 22c. DATE SIGNED
to detach we State D		226. PHYSICIAN'S N.	AME (TYPO)	Keha	do m	ATTENDING PHYSICIAN D 220 ADDRESS	MEDICAL DIRECTOR PH	STAFF YSICIAN [7-16.80
with the	23a. (DUDLAL COCALATION	RD RICH	23h DATE		10301 GEORG	23d. LOCATION CITY OR TOWN	CC	DUNTY STATE
H-16 25M 15, 4) 1/79	24 FI	BURIAL UNERAL DIRECTOR F O UNIV.BLV	RANCIS D.,W.,	7/19/80 J. COLLINS SILVER SPRI		901 CEMETERY	WASHING TE REC'D. BY REGISTR		C. SIGNATURE

STATE OF MARYLAND

0 8 6 6 6 6 FE SALF TYTIVE FEET 18, 1900 10 Siever Spring HOLV CEOSS HOSFITAL FORSETT MENTER TRANSCOREDA RETARES REGING X POR CENTERLETO 40900 FOR THEYS HEYEN SEAL LEAR SYATT MOKE STELLIAM S. FRANKI STELLER STRING, AND The Committee of the Co THE PARTY OF THE P

STATE OF MARYLAND

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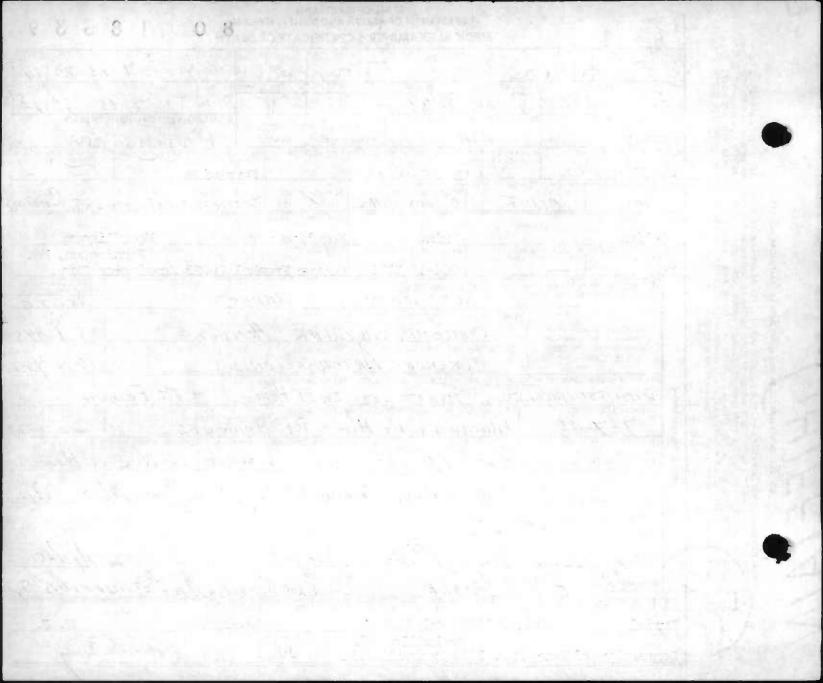
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DHMH-16 25M (VRA 15, 4) 1/79

Page 4 may be

	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	0 0	18538
	1 DECEASED NAME FIRST (TYPE OR PRINT)	WIÓDIE	i AST	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
	Laura SEX	Anne It race	15. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHO	AY) IF UNDER 1 YEAR IF UNDER 24 HRS
g .	Jemale	Cauc	MONTH DAY YEA	0	YRS. MONTHS DAYS HOURS MIN C
20	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR	COUNTY OF DEATH
/	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION		N 126. KIND OF BUSINESS OR
0	SILVER SPRING	HOLY CROSS	HOSPITAL	None	None
35	USUAL RESIDENCE (IF NURSING HOME)	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO			Muirkirk Rel
60	14 FATHER'S NAME FIRST	MIDDLE CLAST	15. MOTHER'S MAIDE	MIDDLE	Bennet
2	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	Father		Muirkirk Road
	IL CAUSE OF DEATH (Foto)	only one couse per lumpfor (a) b', o	William G.	French Laurel	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
any milary, or of	gave rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUANT CONDITIONS CONTRIBUTING TO			TION GIVEN IN PART 1101
MOII.	DATE OF CHARLES	The condition for which	TO ENATION WAS TEN OWNED		IN CERTIFYING CAUSES OF DEATH? YES NO
/	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	PAY YEAR	CCURRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE STATE OF TH	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
1 5 1 5 H	22a 1 certify that (I) (this ha	on 7 19 not view in body other death.	90, and that in (my) (our) of	90 to 7	that (1) (we) lost e and hour and from the causes stated
NT: If Item	Hauler !	4. Stuaters		ING MEDICAL STAFF	122. DATE SIGNED
A L	STAVLEY H	STEINBERG,	UD 831 UNIV	SPRING, M	5. r0903
_	230 BURIAL, CREMATION, REMOV (SPECIFY) Burial	7/12/80 Ga	NAME OF CEMETERY OR CREMAT	netery Silver Sp	oring Mont. Md.
5M 1/79	24 FUNERAL DIRECTOR NAME Tyson Wheeler F	uneral Home Rocky	Rockville Pike	DATE REC'D. BY REGISTRAR 25	PREGISTRANS SIGNATURE

B. E. C. S. Q. B. Martin and Martin Supplied The same of the sa HE AND THE THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY. System thank a compact of the second acceptance of the second acceptanc



FOR

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				REG. NO.	
6	I. DECEASED NAME FIRST K	atherine W. ERINE	FRESHMAN	28 DATE OF DEATH MONTH	24 80 134
3	3 SEX	T4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER
	Female	White	Mar. 18 1886	94 YRS	MONTHS DAYS HOURS
13	To BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 1	BALTIMORE CITY OR COUNT	
1/6	could related	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	
De 001	On CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION (TADDRESS) WEST & Nursing Cen	120 USUAL OCCUPATION	LIFE) 126. KIND OF BUSINE INDUSTRY Home
1	USUAL RESIDENCE (IF NURSING HOME				220110
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13 KM	John	MODIE LAST Wals	h Bridge	WIODLE	Sullivan
ae a	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	Dullivan
the		VE WAR OR DATES) 577-84-	1187 C Annold	Freshman, Son. Sa	amo an itom
al.	No			rresiman, bon, ba	APPROXIMATE INTE
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to b		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	NVEN IN PART TO
rior s an	WM2 190 DATE OF OPERATION 15-But 979 210. ACCIDENT WAS UNDERLYING	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	res, WERE FINDINGS USE
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9 S S	E 13-500 9 10	coupling to	I consider it have		YES NO
£ 89	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		210 HOW INJURY OCCU	IRRED (ENTER NATURE OF IN)URY IN ITEM 18	8, PART 1 OR PART 2}
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arke	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) STREET	CITY OR TOWN	COUNTY ST
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21 E		pital) attended the deceased from	and that in (my) (our) opinia	, 10	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
em em	saw the deceased alive a abave, (1) (we) (did) (did)	nat) view the bady after death.	, and that in (my) (our) opinia	n death occurred an the date and h	
Jf It	226. SIGNATURE		DEGREE		221. DATE SIGNED
	Houn Pt	- 1 ms 1	MTD ATTENDING PHYSICIAN	MEDICAL STAFF	11/124 19
State ANT:	22d PHYSICIAN'S NAME ITYPE	OR PRINT!	720 ADDRESS	A THE THE PARTY OF	110
with the SMPORTA		stman, M.D.	5454 Wisc.	Ave., N.W. Wash.	D.C.
IMPO	23a. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	1234 LOCATION	
	(SPECIFY)		ate of Heaven Cem.	CITY OR TOWN	COUNTY STA
	Burial 24 FUNERAL DIRECTOR OSEDA		Inc. 25e D	ATE REC'D. BY REGISTRAR 256 REGI	STRAP'S SIGNATURE
6 25M	5130 Wisc.	Ave. N.W. APER.	, D.C.	1 0 0 1000	may / Recreated
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

0 1 0 8 h n 10 No. 10 Charles of the street of the s tylend konveyery ochwille a 1090 Inductes ay ullivan The management of the control of the ACCUPATION OF THE PARTY OF THE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af:

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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•	REGISTRAR		CERTIF	FICATE OF DEATH	REG. N	0		
	CEASED NAME FIRST	MIDDLE		(AST		MONTH DAY	YEAR	26 HOUR
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SE)	X	4 RACE	5 DATE C		6 AGE IN YEARS LAST BIR		DER I YEAR	IF UNDER 24 HR
	Male	Caucasian	May	13 1922	58	YRS.	S DAYS	HOURS MIN
e. Bil	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	D NEVER MARRIED	BALTIMORE CITY		HTAS	
_	ennsylvania	U.S.A.	WIDOWE		monta	omery	Com	ntv /
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOTHIN SUCH FACILITY, GIVE STIPE		OR OTHER INSTITUTION	128 USUAL OCCUPAT	ION 12	L KIND O	F BUSINESS OF BUSINESS OF
	Delhesdo	1 Subulb	an	Hospital	Engineer	M	onto	Omery
USU/ 13e S	AL RESIDENCE (IF NURSING HOMEON	OTHER INSTITUTION, GIVE RESIDENCE BEF		\$134 INSIDE CITY LIMITS?	13. STREET ADDRESS	Caither	chui	ra ì
Ma	aryland Mont	gomervGaithe	rshur	YES NO -	10102 Li	tie Po	nd I	Place
14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE	72	LAS	
	William	Frew		Laura			To 1	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT (Wife		Garti		
	Yes WWI	I 185-14	-3641	Stella Fres	w 10102]	Little		
	18 CAUSE OF DEATH (Enter on	nly ane cause per line far (a), (b),	and (c).			A	BETWEEN	MATE INTERVAL ONSET AND DEA
	PART I. DE ATH WAS CAUSE	TE CAUSE (a) Carelle	-may	ea al terme	a week	2		
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	DUENCE OF					
NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN	PART 10	a i
CERTIFICATI	198 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	200. IF YES, WE IN CERTIFYING YES		
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 C	OR PART 2)	
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	IE, FARM, ETC)	211 LOCATION STREET	CITY OR 10	wn co	OUNTY	STATE
	22a L certify that (I) (this top)	ital) attended the deceased from		77		19_	Se.	that (I) (eye)
	saw the deceased alive an abave, (I) (we) idea) (did no	at) view the body after death.	80.0	nd that in (my) (aux) opinian	death occurred an the d	ate and haur and	from the	causes stated
	276 SIGNATURE	0		DEGREE			22c. DATE	SIGNED
	nacar	erea Jolean	con 1	ATTENDING PHYSICIAN	MEDICAL STA	CIAN	71	16/80
	224. PHYSICIAN'S NAME ITYPE O	R PRINT)		22e ADDRESS				/
	Dr. Lawrence	J. Thomas		11801 Rock	kville Pik	ce Roc	kvi1	le.
23a 8	BURIAL, CREMATION, REMOVAL		NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	ity	STATE
(:	Burial		randvi	Lew Cemetery				ylvan
24 FL	UNERAL DIRECTOR B	ethesda, ADDRESS		26 0 47	REC'D. BY-REGISTRAR	256 REGISTRAR'S		
Ro		hrey Funeral			OF 1 0 1900		-	
				7 - 7 - 7				70'

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygieneprior to burial, cremation, or removal.

De Ball malified recleases hady to me for issuance of death certifical

DHMH - 16 50M 1/76 (VR A 15 (4))

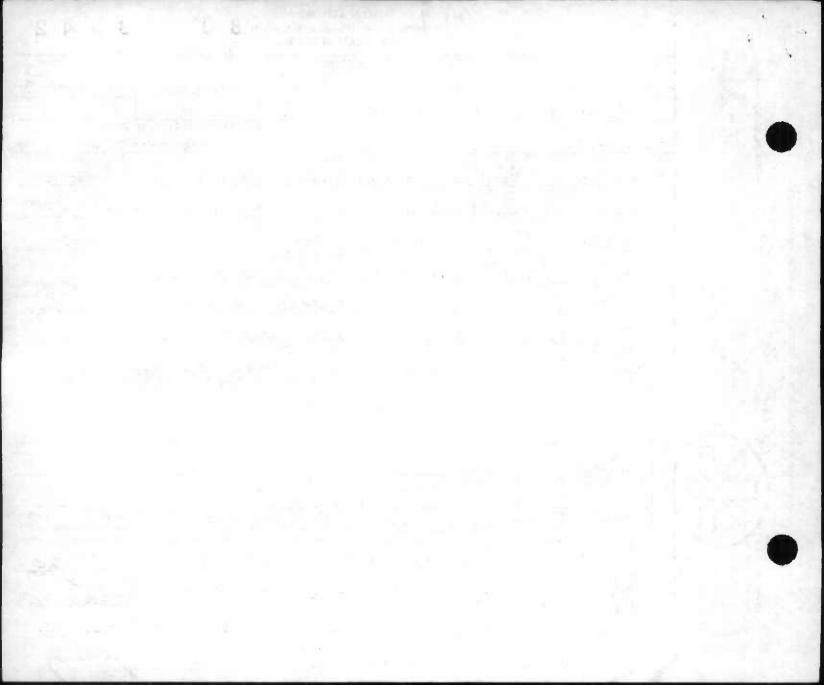
Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

5 8

FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	185	4 2
I. DECEASED NAME (TYPE OR PRINT)	POWALO	MIDDLE	Fulk FUL	FULTERSON 10 DATE OF DEATH MONTH DA			26 HOUR
3. SEX Male	. SEX 4 RACE		White April 5, 1908			DAY) IF UNDER 1 YEA MONTHS DAY!	
70 BIRTHPLACE ISTATE OR FORI COUNTRY) Pennsylvania	U	S.A.	WIDOWE			mery Count	
Takoma Park	Washin	ngton Adve	entis	t Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Special Age	WORKING LIFE) INDUSTR	of Business o Y urance
USUAL RESIDENCE (IF NURSIN 130 STATE Maryland	Pr. Geo.	136 CITY OR TOWN Adelphi	ADMISSION)	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 8102 New F	Riggs Road	2078
14 FATHER'S NAME FIRST Sterling	WIDDLE	Fulkers		15. MOTHER'S MAIDEN NA/ FIRST Emma	«·MIDDLE	Du	nsdan
160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) Yes	IV.S. ARMED FORCES? IF YES, GIVE WAR OR DATES) W.W. II.	177-05-		Mary B. Ful	e)	ne As #13	DXIMATE INTERVAL N ONSET AND DEATH
	diote the lost DUE TO, O	R AS A CONSEQUE	NCE OF	LENOTIC HE I VE HE NOT RELATED TO THE TERM AL DISCH	START 115E TART FALL INAL DISEASE OR COND		70 9n
190 DATE OF OPERATION 210. ACCIDENT WAS UNDER			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	NO [
OR CONTRIBUTING CA	USE OF DEATH HOUR A. EXAMINER) P.	M. MONTH DA	Y YEAR	21c how injury occure	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	/ AT HOME STO	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
sow the deceased	his hospitol) ottended the alive on July of did not) view the body	1 8 19 5		nd that in (my) (our) opinion of	deoth occurred on the dot		e, that (I) (we) la ne couses stated
22d PHYSICIAN'S NAA	H. &	allham	- M	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICS	- 7/	8/80
ALPERT	A. GROW	CHAR.	MA	1106 51	1116 51	- SICUE	16.0411
230. BURIAL, CREMATION, RE (SPECIFY) Burial	July :	11, 80 G	ate o	f Heaven Cem.		oring Mont.	Md.
24 FUNERAL DIRECTOR NAME FUNER	/Rinaldi	ADDRESS 1.		N.H. AVE.	E REC'D. BY REGISTRAR 2 L I 0 1980	Sh. REGISTRAR'S SIGNA	ATURE

Silver Spring, Md.



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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	0	W	3		w	6
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	_	ш	ō	-	DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. F	
	4	I	I	5	H	1
	2	111	57	W	W	1
	EDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEW	jte the certificate, writing the word "pending" in pencil in item 18. give pages 1, 2, and 3 to the fun	4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 F	INERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED. W		1

DHMH - 17 (VR A15 ME (5)) 15M 7/76

1		OR			STAT		ARYLAND	YGIEN	5					W 78
	1 - 5	STATE REGISTRAR		MEI	DICAL EXAMIN		ERTIFICATE O	F DEA		EG. NO.	8	5	4	3
		EASED NAME	FIRST		MIDDLE		LAST		OF EST	-		DAY		2b. HOUR
			Geor		owers		ulton		DEATH MAT		7/9	19		M
	3. SEX	4.	RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA		DER 1 YR. IF UNDER		2c. DATE PRONOUNCED	A	HTMON	DAY	YEAR	11:2
	-		White	Aug. 16,		RS.			DEAD	0.50.00	7/9		80	P. M
1	FOF	REIGN COUNTRY)		76. CITIZEN OF WH	IAT COUNTRY?	8. MARRI	ED NEVER MARRI	ED 🗆	9 BALTIMORE	CITY OR	COUNTY	OF DEA	TH	
5		PENNSYL		U.S.A.		WIDOW			Monte					MD
4	10. C11	TY OR TOWN O	FDEATH		PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)	, OR OTH	ER INSTITUTION		AL OCCUPATION		WORK I	2b KIND OR IN	DUSTR'	
C		lver Sp			berton Driv			EXE	C DIREC	TOR	NATI	INS	ST O	F DRI
1	USU A 13a. S1		13b. COUN		13t, CITY OR TOWN	ON)	13d. INSIDE CITY LIMITS?		EET ADDRESS			CI	LEAN	ING
5	Ma	ryland	Mon	tgomery	Silver Spr	ring	YES NO		L Lamber	ton	Driv	е		
	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDE		▶ WIDDIE		63	LAS		
O		GE01			FULTON		LOUIS	SE		Darce	20/	ROE1	DEL	
		S, NO, OR UNKNOW		WAR OR DATES	16b. SOCIAL SECURITY		17. INFORMANT			DRESS				
		YES		WII	214-03-8	497	JACQUEL	LINE	FULTON	SAME	AS	13	<u>u</u>	IFE
			DEATH (Enter or	nly one couse per line	for (o), (b), ond (c).)								N ONSET	AND DEATH
		1/2		TE CAUSE (o) AC	ute myocard		disease							
		72	7/	1	AS A CONSEQUENCE									
		gove rise	, if any, which to immediate	(b) <u>Cn</u>	ronic myoca		l disease.							
		couse (a) s lying cause	toting the <u>under</u> e last.	DUE TO, OR	AS A CONSEQUENCE O	OF								
				(c)										
	z	PART 2 OTHER SIGN	NIFICANT CONDITIONS		BUT NOT RELATED TO THE TERM	INAL OISEAS	E OR CONDITION GIVEN IN PAI	RT 1 ·a .						
_	CERTIFICATION	19a. DATE OF C	DEPATION		ne	ATIONIA	AS DEDECRAFO?					2D. AUT	OBSY2	
0	ICA	198. DATE OF	PERATION	196. CONDI	ION FOR WHICH OPER	ATION W	AS PERFORMED!		1.5		8			
\times	RTIE	None	CALISEWAS	21b. TIME OF	INTUDV	71. H	OW INJURY OCCURRE	D SENTER N	JATURE OF INDIREY IN	I-ITE AA 10 DAB	T L OD BART			NO X
3		UNDERLYING	OR	HOUR A.M	MONTH DAY YEAR				ANTORE OF INJORY II	TIEM ID PAR	TORPARI	2)		
	MEDICAL	CONTRIBUTING	G CAUSE OF		DF INJURY (AT HOME.	211.10	None						-	
	MEC	WHILE AT WORK	NOT WHILE		FORY, FARM, ETC.)		STREET		CITY OR TOWN		COUN	YTY		STATE
		AT WORK	AT WORK											
		22a. I certify	that I took char	ge of the remains des	cribed above, held on	Autop	sy , Inspection	n XX	Inquity	, ond i	n my opie	nion		
		death resulted	d from: Natu	rol couses XX	Accident . Su	icide	, Homicide	Undete	ermined monner	<u></u>				
		ACTUAL	70	0/			TITLE (SPECIFY)				DATE	n /a	0/00	
_		SIGNATURE	6	LU	spen	- N	Deputy		ICAL EXAMINER		SIGNED	7/1	0/00)
2		EXAMINER'S N	John John	hn S. Roge	rs, M.D.		1919 ; ADDRESS Silver		nary Roa		mery	, Md	•	
	23a.B	URIAL CREMATI	ION,REMOVAL		23c. NAME OF CE		CEMETERY	23d. LC	CATION OR TOWN RENTWOOL)	PRI (ĞEO	STA	MD.
	24 FI		OFPANOTO	7/12/80 3 J. COLLI		ULN	250 DATE I	REC'D. BY	REGISTRAR 2	VELCUST	RAR'S SI	GNINTUR	E	1110
		NAME	I MINUTS	J. COLLI	NS	2001	.1111	111	1980	Right.	7/10	Kree	ly	

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

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	1-	FOR STATE	DEPART	TMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG	IENE 8 0	1854
-		REGISTRAR	MIDDLE		FICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST OR PRINT)	D >			20 DATE OF DEATH MONTH	-
- 1	3 SEX	XHT	I RACE	S. DATE C	HOUSER	6. AGE (IN YEARS LAST BIRTHDAY)	5 PO 5.301
	3 JE A	Male	White	Jun	H DAY YEAR	69 YR	MONTHS DAYS HOURS M
83	7e BIF	RTHPLACE (STATE OR FOREIGN DUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY USA	? & MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUR Montgome:	
. 13		ty or town of DEATH Lver Spring	11. NAME OF HOSPITAL, NURSI (FNOTH SUCHFACILITY, GIVE STREE HOLY Cros	ING HOME		12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Manager, U.S	GUE INDUSTRY Print
25	13e S	TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 13c CITY OR TO	ORE ADMISSION) WN	134 INSIDE CITY LIMITS?	Card Catalo	g Division
1		Maryland Mon	tgomery Sil.S	pg.	YES X NO \	14223-Geory	gla Ave.
15		FIRST	lin Funkhouse		Ethel	MIDDLE	Funkhouser
		AS DECEASED EVER IN U.S. A			17 INFORMANT	Vherne	1223-Georgia
	ĮΥ	ES, NO OR UNKNOWN)	W.11 579-38			d Funkhouser	Sil.Spg, Md
	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	20e AUTOPSY? 20h IF	GIVEN IN PART 1(0) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH
O'-	RTI	216. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tab. HOW INDIAN OCCUPY	YES NO	YES NO
2		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR	THE NOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18. PART I ORDARI 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	2) I LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22s-1 certify that (1) (this hasp saw the deceased alive a above, (1) (world) (and n	n 19 of view the body after death.	80.	nd that in (my) (gor) apinion (death occurred an the date and	haur and fram the causes state
		226. SIGNATURE	I / hamos V	11		MEDICAL STAFF	7/5/50
1		Robert Krai			8630	FENTUN S	84 8,6 8161
	(5	urial, cremation, removal Cremation	July 7,80	Fort		matory Brent	
- 1	74 FU	INERAL DIRECTOR	F.H.Inc. Sil	1800.	N H ATTO ISO DATE	E REC'D. BY REGISTRAR 256. REC	JISTRAR'S SIGNATURE

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15M 7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	FOR STATE REGISTRAR			MENT OF HE	OF MARYLAND ALTH AND MENTA CATE OF DEATH		REG. NO.	1 8	5 4 6
nay be page 3 death		CEASED NAME FIRST BE	ŢŢŸ	MIDDLE	G	ELLER LE	R 20 DATE	OF DEATH MONTH	31/8	PO 9: 40. M
age 4 ma	3. SE	FEMALE	4 RACE WHIT	Έ	5. DATE OF	BIRTH YEAR	8	N YEARS LAST BIRTHOAY)	RS.	DAYS HOURS MIN
death.	7a. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	u.s.	WHAT COUNTRY?	WIDOWEL		mer	wore city <u>or</u> cou <i>Vtqomcky</i>	NTY OF DEA	TH MD
burs after burs after led with	10 0	heaton	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET	ADDRESS	HOME	(TYPE OF W	AL OCCUPATION/ YORK FOR MOST OF WORKH USEWIFE	IZh. K INDU	IND OF BUSINESS OR ISTRY WN HOME
AND 21:	13a S	AL RESIDENCE (IF NURSING HOME TATE 136 COL ARYLAND MON	OR OTHER INSTITUTION JINTY ITGOMERY	GIVE RESIDENCE BEFOR 13c CITY OR TOW SILVER	N B	134. INSIDE CITY LIM YES 🔼 NO [TADDRESS 113 EASECR	EST DR	IVE
MARYL, uted wit uppletely and 2 sho		THER'S NAME SAAC	MIDDLE	HERING		MOLLY	EN NAME	MIDDLE	КО	TLER
e be exected an and co			ARMED FORCES?	131-38-	20000	17 INFORMANT BEBEYWO	ILK. same	ADDRESS		APPROXUMATE INTERVAL WEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 UDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour attending physician. After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the and Mental Hygiene prior to burial, cremation, or removal. The medical examiner must marked or Item 18 shows any injury, or other traumatic event, the medical examiner must marked or Item 18 shows any injury, or other traumatic event, the medical examiner must have been the property of t		Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost.	DUE TO, O DUE TO, O DUE TO, O (c)	Cerebro RAS A CONSEQU RAS A CONSEQU	ENCE OF	ie Cereb	rovasc	wlar Dise	18	5 weeks
VITAL RECORDS, SIAM: The law required. Cian. Tificate has been sign part permit. Then part permit. Then part permit of the pa	CERTIFICATION	PART 2 OTHER SIGNIFICAN HIZ HEI 140 DATE OF OPERATION	Mer's	Dise of	se	WAS PERFORMED	200 A	1005Y? 206. II	YES, WERE F RTIFYING CA	FINDINGS USED AUSES OF DEATH?
ION OF VITA B PHYSICIAN ing physician. this certificat this certificat and	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED	P. PLACE	M. MONTH D M. OFINJURY	19	211 LOCATION STREET	OCCURRED (ENTER	NATURE OF INJURY IN ITEM	COUNT	
- OR ATTEN thospital or at the bold of the	W	TWINT X	on Wrew the body	7/26 102	50, on	19_ 19_		city or town	19 00 hour and fro	that (I) (wa) lost
TO HOSPITAL retained by the TO FUNERAL should be detac with the State		RALPH E. S	ELIGH	ANN.	M.D.	V	TON ST	- SILVER	SPRIN	16, MD 209
32BP 7	(BURIAL CREMATION, REMOVA	8/3/19	80 BE	TH DAV	METERY OR CREMAT 10 CEMETER	RY EL	WONT, LONG	ISLAN	D, NEW YORK
DHMH-16 25M (VRA 15, 4) 1/79	24 FU	POWALD M. STE 232 CARROLL S	EIN HEBRE STREET, N	W MEMORI I. W.,WAS	AL FUN HINGTO	N, D. C.	AUGO	1980 256 RE	STRAR'S SH	Charles .

THE CASCESS TREAT 131-31-1341 BEEL WILL, Some of 613 THE LAND OF STREET Las Carroll attret, n. H., seeneard, p. C.

STATE OF MARYLAND

To dille we may have ever a second to be and the

OPO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	1. DF	REGISTRAR CEASED NAME FIRST	ETITA MIDDLE C	CEKIII	AST CTTTMAN	REG. NO	AONTH DAY YE	AR 2b. HC
		OR PRINT)	The B	SILLY	MAN GILLMAN	7-14	-80	41
i ca	3 SE	Female	White	S DATE O		4. AGE (IN YEARS LAST BIRTH		YEAR IF UNDI
72		RTHPLACE (STATE OR FOREIGN Ohio	76 CITIZEN OF WHAT COUNT	RY?	D NEVER MARRIED	Montgome	COUNTY OF DEAT	Н
90		ty or town of DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES Beth. Retireme	RSING HOME (OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF ClinicalPsychology)	WORKING LIFE) INDUS	ND OF BUSING STRY School
35	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE RATE OF CHEVY	NWO	134 INSIDE CITY LIMITS?	13R STREET ADDRESS 4909 Essex	Ave.	
50		THER'S NAME FIRST Abraham	MIDDLE Coher	n	15 MOTHER'S MAIDEN NAV	WE	Gapowi	LtZ LAST
, me me		VAS DECEASED EVER IN U.S. AI (IF YES, GN	F WAR OR DATES)	-3006 A	Dr. Robert D.	ADDRES	n- Same as	Item
y, or other	,	cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT		INAL DISEASE OR COND	ITION GIVEN IN PA	2 > b. RT HO! WER
nous swous	FICATION	4	196 CONDITION FOR WH			200 AUTOPSY?	206. IF YES, WERE F	INDINGS US USES OF DE
The shows and in the sh	AL CERTIFICATION	Cardio	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR		YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS US USES OF DE NO
0	MEDICAL CERTIFICATION	Cardio	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	ON WAS PERFORMED	YES NO	20b. IF YES, WERE F. IN CERTIFYING CAI YES	INDINGS US USES OF DEA NO
9		Cardioc 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINET 21a. INJURY OCCURRED WHILE NOT WHILE ATWORK NOT WHILE ATWORK NOT WHILE Sow the deceosed olive of the control of the con	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21r PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FICE, FARM, ETC)	211 LOCATION STREET 214 , 1950 and that in (my) (our) opinion of the complete	200 AUTOPSY? YES NO CENTER NATURE OF INJUR! CITY OR TOW	20b. IF YES, WERE F. IN CERTIFYING CAI YES TO IN ITEM 10, PART 1 OR PART N COUNT 19 22c. If	INDINGS US USES OF DE. NO RT 2)

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TO HOSPITAL CHAITENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ac attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be natified at once.
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
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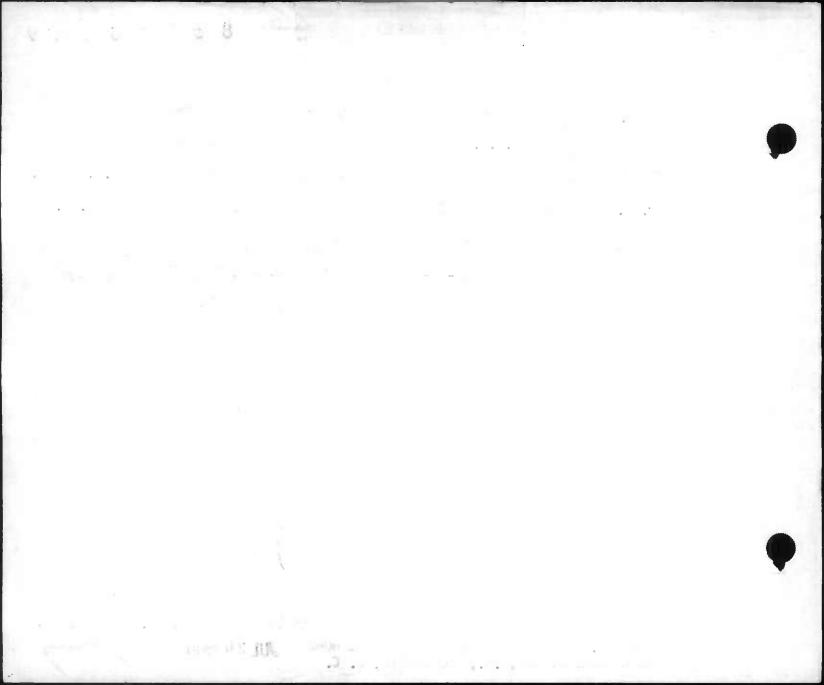
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DHMH-16 20M (VRA 15, 4) 7/7B

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232 CARROLL STREET N.W.



Danzansky-Goldberg Chapels; 1170 Rockville Pike

G546 8/20/80 dadSTATE OF MARYLAND

DHMH-17 (VR A15 ME (5)) 15M 7/77

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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death o

ATTENDING PHYSICIAN:

TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

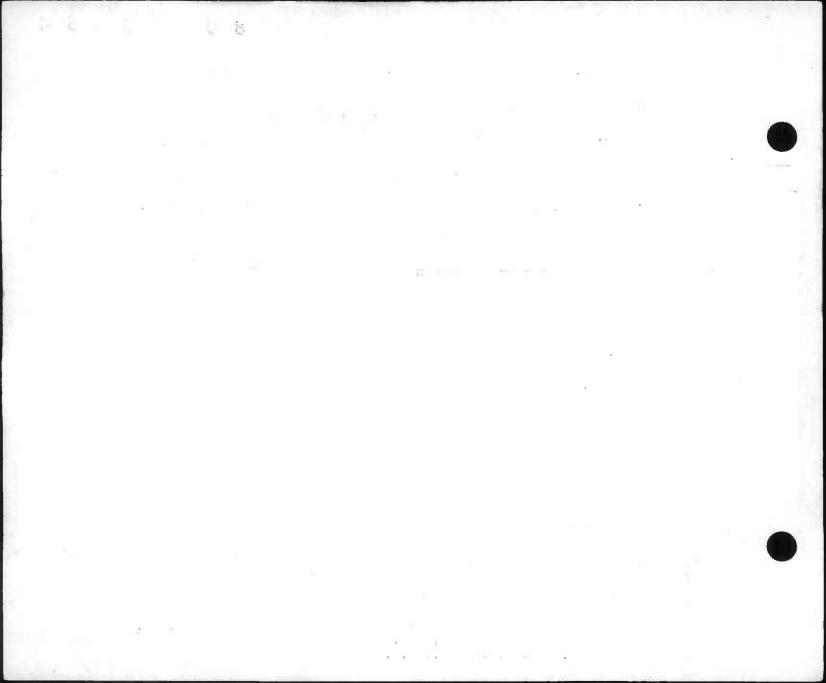
FOR

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event the

Ľ	REGISTRAR	4	CERTIFICATE OF DEATH REG. NO.								0 4	~	Q
	CEASED NAME OR PRINT)	ec I	il '	Jess			odman	20 DATE C	OF DEATH	MONTH /	21 /80	25. HO	19 N
3. SEX male			RACE 5			5. DATE OF BIRTH MONTH DAY YEAR			YEARS LAST BIRT	THDAY)	MONTHS DAY	_	ER 24 HRS
			white Ju			ne 15	ne 15,1918			YRS.			
78. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WE					MARRIED NEVER MARRIED			BALTIMORE CITY OR COUNTY OF DEATH					
Arkansas			U.S.A. widowi			Contract of the Contract of th	Cap-		T G-OM		COUNT		MD
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130 STATE 135 COUNTY			Anne	Stevensvill		134. INSIDE CITY LIMITS?		13e STREET	ADDRESS Llegan	ev Av	re Ro	x #7(12
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Jess			C.	an	F#ST			Madge Caldwell					
160 WAS DECEASED EVER IN U.S. A					17 INFO	lary	Mac	addre		Caldwe	<u> </u>		
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						Mr.	Jeffrey	Scott Goodman, Bo			x #702 Stevens		
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	21d. INJURY OCCUR	RED HILE	21e PLACE			211 LOC STI	ATION		CITY OR TOV	WN	COUNTY		STATE
	22a.1 certify that (1) sow the decease abave, (1) (we) (c		-		07/	nd that in (my) (our) opinion	death occurr	ed on the de	ate and ha	ur and from th	-	(we) lost stated
_	276 SIGNATORE	elan	aske	PR.P.L	YZAL	DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAI	FF CIAN [22¢ DA1	E SIGNE)
	4323 Havard It, Ralver Spring, Ind 20906												
	BURIAL, CREMATION,		236. DATE		NAME OF C	EMETERY	OR CREMATORY	23d. LOC CITY	ATION OR TOWN		COUNTY	5	STATE
	Buri	al	7-24-8	0 W	oodlav	wn Cen				Talbo		· ·	20
	UNERAL DIRECTOR			ADDRESS			250 DAT	TE REC'D BY	REGISTRAR 1980	25b. REG	TRAPS SIGN	· Cres	oly
He	lfenbein-H	ubbard	Fun.	Home, Che	ester	, Md.	21619	- in			/		1

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The part of the	S			Gore		Mary	MIDDLE		nknöv	m)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 196 DATE OF OPERATION 196 DATE OF OPERATION 196 DATE OF OPERATION 197 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 218 LACCIDENT WAS UNDERLYING CAUSES OF IN PART I (a) PERFORMED 218 LACCIDENT WAS UNDERLYING CAUSES OF IN PART I (a) PERFORMED 218 LACCIDENT WAS UNDERLYING CAUSES OF IN PART I (a) PERFORMED 218 LACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 198 LATE OF IN PART I (B) CAUSE OF IN JURY (A) MONTH DAY YEAR 218 LACCIDENT WAS UNDERLYING CAUSES OF IN JURY (A) MONTH DAY YEAR 218 LOCATION 219 LOCATION 220 LOCATION 221 LOCATION 222 LOCATION 223 LOCATION 224 PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS AND SERVICE REVIOLES 226 ADDRESS AND SERVICE REVIOLES 227 ADDRESS 228 ADDRESS 228 LOCATION 228 LOCATION 229 LOCATION 220 LOCATION 220 LOCATION 220 LOCATION 220 LOCATION 221 LOCATION 222 LOCATION 223 LOCATION 224 LOCATION 225 LOCATION 226 LOCATION 226 LOCATION 227 LOCATION 227 LOCATION 228 LOCATION 228 LOCATION 229 LOCATION 220 LOCATION 220 LOCATION 220 LOCATION 220 LOCATION 221 LOCATION 222 LOCATION 223 LOCATION 224 LOCATION 225 LOCATION 226 LOCATION 226 LOCATION 227 LOCATION 228 LOCATION 228 LOCATION 229 LOCATION 220 LOCATION 220 LOCATION 220 LOCATION 220 LOCATION 221 LOCATION 222 LOCATION 223 LOCATION 224 LOCATION 225 LOCATION 226 LOCATION 226 LOCATION 227 LOCATION 228 LOCATION 228 LOCATION 229 LOCATION 220 LOCATION 220 LOCATION 220 LOCATION 220 LOCATION 221 LOCATION 221 LOCATION 222 LOCATION 223 LOCATION 224 LOCATION 225 LOCATION 226 LOCATION 226 LOCATION 227 LOCATION 228 LOCATION 228 LOCATION 229 LOCATION 229 LOCATION 220 LOCATION 220 LOCATION 220 LOCATION 221 LOCATION 221 LOCATION 221 LOCATION 222 LOCATION	medicol	(YES, NO OR UNKNOWN) (IF YES, G	NE WAR OR DATES)						
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22e. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an above, (1) (we) (did) (did not) view the bady after death. 22e. I certify that (1) (this haspital) of tended the deceased from above, (1) (we) (did) (did not) view the bady after death. 22e. DATE SIGNATURE 22e. ADDRESS THOMAS G. SINDERSON, M.D. 23e. BURIAL, CREMATION, REMOVAL 23b DATE 21e. BURIA		TIFICAT	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	1	IN CERTIFYING		
226.1 certify that (1) (this haspital) attended the deceased from 0 29 19 80 to 19 80, that saw the deceased alive an 19 0 ond that in 19 (our) apinion death accurred an the date and hour and from the caus above, (1) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	or Hem		OR CONTRIBUTING CAUSE OF D THE EITHER, NOTHEY MEDICAL EXAMINA 214, IN JURY OCCURRED	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	19	211. LOCATION				STATE
THOMAS G. SINDERSON, MD 11135 ROCKVILLE TIKE, KOCKVILLE, 230. BURIAL, CREMATION, REMOVAL 1230, DATE 1231 NAME OF CEMETERY OR CREMATORY 1230. LOCATION	If hem 21 is	×	220.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did	pital) attended the deceased from	30,0	DEGREE ATTENDING		te and hour and	SO, fram the c	hat f (we) last ouses stated
	IMPORTANT	230	THOMAS G.	SINDERSON. A		11125 Rock	VILLE PIKE	Rocki)ILLE	Mda
(SPECEP) Burial 7/5/80 Ft. Lincoln Mausoleum Brentwood, Md. 24 FUNERAL DIRECTOR OSEPH Gawler's Sons, Inc. 25 DATE REC'D BY AFGISTRAR UNIT REGISTRAR UNIT R			SPECETI Burial	7/5/80	Ft. Lin	ncoln Mausoleu	DI CIIOMOO	d. Md.		STATE



	1 DEC	EASED NAME FIRST		MIDDLE	LAST	120	DATE KNOWN	MONTH DAY YEAR	Die H
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4 met)		40 W			GOVIN			0 4/4D 1000	0
	3. SEX	4 RACE V	5. DATE OF BIRT		EARS IF UNDER 1 YR. IF U		DATE	MONTH DAY YEAR	1140
N N N N	/	u w	Trlx2	4 40	YRS.	JAJ MIN	DEAD Ju	1420 1980	0
SAL X Y AL	7a. BIF	RTHPLACE (STATE OR REIGN COUNTRY)	16. CITIZEN OF	WHAT COUNTRY?	8. MARRIED & NEVER	MARRIED 7	BALTIMORE CITY O	R COUNTY OF DEATH	1
S S S S S S S S S S S S S S S S S S S	Wa	shington, DC	US	SA		VORCED	Mo	nota me	-, - }
S HE HE HE		TY OR TOWN OF DEATH	11. NAME OF HO		AE, OR OTHER INSTITUTION			OF WORK 126. KIND OF BU	
T KEMA	116	0/200	(IF NOT IN SUCH	FACILITY GIVE STREET ADDRESS)	1/ 11.00	Admi	inistrator	Rural Heal	
SOS BE POS	USUA	L RESIDENCE (IF IN TURSING HOME O	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMIS	SION)			/	
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E-XOV	14. FA	FIRST	WIDDLE	LAST	FIRST		MIDDLE	LAST	
AN A		JACK		GORIN	BERT		ADDRESS	DEUTSCHE	_
PAGE PAGE S 1 A		(AS DECEASED EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	166. SOCIAL SECURI			ADDRESS		Md.
TH P		No -		577-42-41	72 Toby A.	Gorin;	4309 Land	green St, Rock	kvi
WIT WIT		18. CAUSE OF DEATH (Enter on	ly one cause per li	ine far (o), (b), and (c).)				APPROXIMATE 8ETWEEN ONSET	
5		PART I DEATH WAS CAUSED		Scur	to //1 4	DOZV	215/1/	71.6	
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A T A T S T	-	7011	DUE TO, C	OR AS A CONSEQUENCE	OF				
E = 8 5 = 5		Canditians, if any, which							
N A A A A		gave rise to immediate cause (o) stating the under-		OR AS A CONSEQUENCE	or				
RAFIE		lying cause last.	00210,0	JA AS A CONSEGUENCE	· Or				
ZEEZ			(c)						
O A B A O		PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TER	RMINAL DISEASE DR CONDITION GIVI	EN IN PART 1 IO			
AAT AAT	CERTIFICATION	Non	100						
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O B O B O	2	UNDERLYING OR	HOUR A	A.M. MONTH DAY YEA					
E POOE Feet	MEDICAL	CONTRIBUTING CAUSE OF		P.M. 19					
DEPA DEPA DEPA DEPA PRIOR	0	21d. INJURY OCCURRED		E OF INJURY (AT HOME,	21f. LOCATION STREET				Si
ROBE SE	3	AT WORK AT WORK] STREET, P	FACTORY, FARM, ETC.)	SIMEEL		CITY OR YOWN	COUNTY	51
2 A A A A A		AT WORK AT WORK							
RE S E S		22a. I certify that I taok charg	ge of the remains a	described obave, held an	Autopsy . Ins	spection .	Inquiry, on	d in my apınıon	
N P P P P P P P P P P P P P P P P P P P		death resulted from: Notus	ral couses 🔀,	Accident , S	Suicide Hamicide	Undeter	mined monner .		1
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AA AA		ACTUAL O	011	(Dr.			DATE Til 2:	719
E, A THE		SIGNATINE	-	- Co	Movep	MEDIC	CALEXAMINER	SIGNEO	
DEA NORE	1	EXAMPLE S NAME	There's		U				
A SHEET		(TYPE OR PRINT)			ADDRESS				
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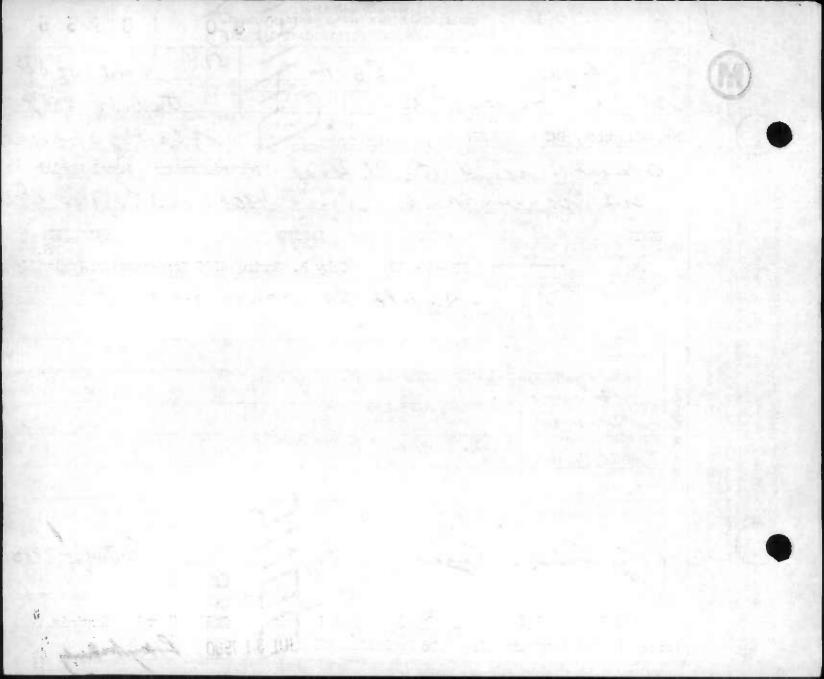
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 17 (VR A15 ME (5)) 15M 7/76

24. FUNERAL DIRECTOR

FOR 1 - STATE

Burial 7-30-80 Nat'l. Memorial Park Falls Church, Virginia
A FUNERAL DIRECTOR ROCKVILLE, Md. 250. DATE REC'D. BY REGISTRAR' 250. REGISTRAR'S SIGNATURE
Damzansky-Goldberg Chapels; 1170 Rockville Pike JUL 3 1 1980



Silver Spring, Md.

Funeral Home

15M 7/76

STATE OF MARYLAND



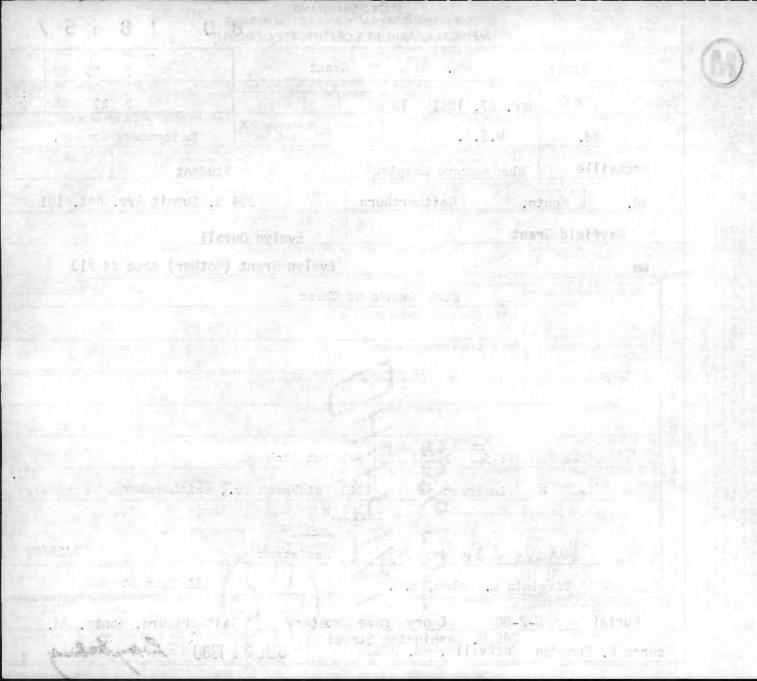
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FOR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
DEPARTMENT OF HEALTH AND MENT MEDICAL EXAMINER'S CERTIFICATION	TE OF DEATH

1	8	5	5	7
REG. NO.				

	REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE (REG. N		3	2 /	
	CEASED NAME	FIRST		WIDDLE		LAST	20	DATE KI	ESII-	MONTH			2b. HQ1
		Craig		E.		Grant		DEATH A	MATED [7	27 19		
3 SEX		Black	Mar. 27.	YEAR LAST BIRTH	DAY) MONT	DER 1 YR. IF UNDER		DATE RONOUNC DEAD	ED	MONTH 7	2.7 v	9 80	id:
70. B	IRTHPLACE (STAT	E OR	76. CITIZEN OF W	HAT COUNTRY?	Te.	ED NEVER MARK	RIED X 9.	BALTIMO	RE CITY	OR COUN	NTY OF DE		
		Md.	U.S.	Α.	WIDOW	ED DIVOR	CED 🗆	Mo	ontgo	mery	Coun	ty,	
	Rockvi	11e	Shady (SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS! Grove Hospi	tal	ER INSTITUTION	FOR MO	LOCCUPA OST OF WORKING	NG LIFE)	PE OF WORK	12b. KIND OR IN	OF BUS NDUSTRY	NESS
	AL RESIDENCE (IF TATE Md.	13b. COUN	TY	13c. CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO	13e STREE	N. Su	s ummit	Ave.	. Apt.	. 10:	1
14. F	ATHER'S NAME FIRST Ray	field G	middle rant	LAST		15. MOTHER'S MAID FIRST	en name vn Duv	/a 11	DLE	3	LAS)T	
	VAS DECEASED E ES, NO, OR UNKNOW!		MED FORCES? WAR OR DAYES)	16b. SOCIAL SECURI	TY NO.	17. INFORMANT Evelyn G			ADDRESS		as #1:	3	
	18. CAUSE OF I	DEATH (Enter on TH WAS CAUSE	ly ane couse per line	e for (o), (b), and (c).)							APPR	OXIMATE II	NTERVA
	Cal		TE CAUSE (o)	Stab Woun	ds of	Chest							
	766	-	DUE TO, OF	R AS A CONSEQUENCE	OF						A CO		
39		if ony, which to immediate	(b)										
	couse (o) st	oting the under-	(, , , , , , , , , , , , , , , , , , ,	R AS A CONSEQUENCE	OF						,	1.7	
13	lying cause	last.	(6)										
	PART 2 OTNER SIGN	FICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL OISEASI	E OR CONDITION GIVEN IN P	ART 1 (a).	alin we					
Z													
T A	19a DATE OF O	PERATION	19b. COND	ITION FOR WHICH OPE	RATION W	'AS PERFORMED?					20. AU1	TOPSY?	
FE	The same		100							-18	YE:	s 🔀	NO [
CER	210 EXTERNAL		21b. TIME O	E INJURY	21c. H	OW INJURY OCCURR	ED (ENTERNA	TURE OF INJUR	RY IN ITEM 18	PART LORP.			
AL	UNDERLYING CONTRIBUTING	OR CAUSE OF I		4. 7 27 19 8	So Su	bject stab	bed						
MEDICAL CERTIFICATION	21d. INJURY OC		21e. PLACE	OF INJURY (AT HOME,	211. LO	CATION	1.5				TEST		Mo
×	WHILE AT WORK	NOT WHILE	in f	ront of	832	Tairhave	en Dr.	, Gai	ther	sburg	Mon	itgon	er
- 13				scribed above, held on	Autap			Inquiry [nd in my o			
3	death resulted		al causes ,		uicide 🗌	, Hamicide X,		mined man		,			
	ACTUAL SIGNATURE	Virgi	ma Lh	Jolan M	M	.D. Assistar	nt_MEDIC	AL EXAMIN	NER	DATE		/28/	'80
-	EXAMINER'S NA (TYPE OR PRINT	AME Vir	ginia L.	Dolan, M.D.		ADDRESS			Peni	n Str	reet		
23a.B	URIAL, CREMATIC			23c. NAME OF CE			23d. LOC CITY OR				UNTY	STAT	E
	Buria		8-2-80			Cemetery		ither	rsbur		onta.	Md.	
	UNERAL DIRECTO		246 poly	Washingto	n Str	eet 250. DATE		EGISTRAR	25b. REG	TRAR'S	SIGNATUR	E	
G	eorge R.	Snowde	n KOCKV	ille, Md. 2	0850	J	JL 31	1980	JA.	ALLA	NOTE OF	mode	



DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	24 HOURS AFTER D IEM 18. GIVE PAGI ONG WITH FORM ERMIT. PAGES 1 A IENE, DIVISION OF	OKE, MARTIAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
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1		OR			STA DEPARTMENT OF		MARYLAND H AND MENTAL H	HYGIENE ()		0	-9 pt-4	0
		REGISTRAR		ME	DICAL EXAMIN	IER'S	CERTIFICATE C		REG. NO.	8	2 2	8
1		CEASED NAME OR PRINT)	WILMA		J.	GR	AVES	20. DATE OF DEATH	ESTI-		DAY YEAR L8 19 80	-
3	SEX	emale wh		DATE OF BIRTH	YEAR LAST BIRTHD	AY) MONT	NDER 1 YR. IF UNDER	24 HRS. 2t. DATE MIN PRONOUN DEAD			DAY YEAR	10.120
	7a. BIF	RTHPLACE (STATE OR DEEDEN COUNTRY)		. CITIZEN OF WE		2	IED X NEVER MARR	IED 🔲	ore city or o		OF DEATH	1 2 M
г		YORTOWNOFDEA CKVILLE		I. NAME OF HOS	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) OVE HOSPITE			12a. USUAL OCCUP FOR MOST OF WORL Teacher	ATION (TYPE OF	WORK 12		TRY
Ū	JSUA 3a. ST	L RESIDENCE (IF IN NU	RSING HOME OF O		VE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Clarksby	ION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRE	5\$			
1	4. FA	THER'S NAME FRST harles	۸	AIDDLE	Henders	on	15. MOTHER'S MAID FIRST Wilma	ENNAME	DDLE		Kindt	
1	6a W (YE	AS DECEASED EVER S, NO, OR UNKNOWN)	IN U.S. ARMEI		16b. SOCIAL SECURIT		Howard C	. Graves	ADDRESS Jr.	113	Item	13
	NO	PART I DEATH W Conditions, if of gover rise to couse (a) stoting lying couse lost. PART 2 OTHER SIGNIFICAN	IMMEDIATE (ony, which immediate i the <u>under-</u>	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF OF						SET AND DEATH
1	CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CONDIT	TION FOR WHICH OPER	NOITA	AS PERFORMED?	1 - 7		3	20. AUTOPS	
		210. EXTERNAL CAUS UNDERLYING CONTRIBUTING	OR		MONTH DAY YEAR	2 lc. He	OW INJURY OCCURRE	D LENTER NATURE OF INJ	JRY IIN ITEM 18 PART	1 OR PART 2	21	
	MEDICAL	21d. INJURY OCCURI WHILE NOT AT WORK AT W		21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TOV	/N	COUNT	TY	STATE
	-3	22a. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Notyrol		A.	Autop iicide	Homicide	Undetermined mo	nner ,	my opini DATE SIGNED	7-20-6	80
2	_	RIAL, CREMATION, R			23c. NAME OF CE			23d. LOCATION CITY OF TOWN		COUNTY		STATE
L	Cr	emation NERAL DIRECTOR		/21/80	Westvi	ew M	em. Park	Baltime	ore Ba	Ltin	nore,	Md.
1			leswo	rth, P. Z	A. Damasc	us,	Md.	REC'D. BY REGISTRA	25b. REGISTR	AR'S SIG	NATURE	

DHMH - 17 (VR A15 ME (5)) 15M 7/77



Idano U.S.A.

Rockville

Maryland Montgomery Clarksburg x 23340 Frederick Road

Charles Henderson Wilms kindt

No 425-54-9779 Noward C. Graves, Jr. Item 13

8 8 6 8 0 8

Cromation 7/21/80 Westview Mem. Fark Baltimore Baltimore, Md.

	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR AT	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ms retained by the hospital or attending physician.
TO FUNERAL DIRECT	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, ps should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after o

a.	(TYPE	CEASED NAME FIRST PARTY STAR		. G	REEN	July	22 8	20 HO
at once.	3 SE	Male	Caucasi		an. 7, 1909	6 AGE (IN YEARS LAST BIRT	MONTHS	
offied at o	7a. 8	IRTHPLACE (STATE OR FOREIGN OUNTRY) New York	United	States wild	RRIED NEVER MARRIED	Mont 90		in inty
or pe no	B	ethes da	11. NAME OF HOSI (IF NOT IN SUCH FACE SWDWYD	PITAL, NURSING HOL	ME OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Self Emp	ON 12b. K EWORKING LIFE INDO Loyed	IND OF BUSING Feenh Fabr
Wilner mu	130. Ma	ryland Mo	DUNTY 13c.	residence before admiss CITY OR TOWN Bethes da	YESTON NO [130 STREET ADDRESS 4811 Enf	ield Rd.	
dical exa		Albert		Green	Gert rude	WIDDIE		hei me
t, the me		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, NO	GINE WAR OR DATEST	SOCIAL SECURITY N		F, Green	Same as	item
r other		Conditions, if any, which gove rise to immediate couse (0), stating the	DUE TO, OR AS	A CONSEQUENCE (iwoma Co	12071	
ws any injury, or other	CATION	gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS (c) NT CONDITIONS CONTI	RIBUTING TO DEATH MELL: FO			DITION GIVEN IN PA	FINDINGS US
or Item 18 shows any injury, or other	CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS (c) NT CONDITIONS CONTI A DE LES 196 CONDITION TO CON	RIBUTING TO DEATH MELLETO N FOR WHICH OPER/ JURY MONTH DAY YI	DF BUT NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	DITION GIVEN IN PA	FINDINGS US AUSES OF DE NO
marked or Item 18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICATION THE DATE OF OPERATION TO CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUS	DUE TO, OR AS (c) (c) (c) (d) (e) (e) (e) (e) (e) (e) (f) (f	RIBUTING TO DEATH MELLET C N FOR WHICH OPER JURY MONTH DAY YI NJURY ACTORY, OFFICE, FARM, ETG.	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED 216 HOW INJURY OCCUR! 19 211 LOCATION STREET	20a AUTOPSY? YES NO	DITION GIVEN IN PART I OR	FINDINGS US AUSES OF DE NO ART 2]
T: If Item 21 is marked or Item 18 shows any injury, or other	_	gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICAL TO STATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF STATE OF CONTRIBUTING CAUSE OF STATE OF CONTRIBUTING CAUSE OF STATE OF COURTED CAUSE OF STATE OF COURTED CAUSE OF COURTED CAUSE OF COURTED CAUSE OF C	DUE TO, OR AS (c) NT CONDITIONS CONTI (A) 196 CONDITION 216 CONDITION F DEATH HOUR A.M. P.M. 210 PLACE OF III (AT HOME, STREET, F	RIBUTING TO DEATH MELL TO N FOR WHICH OPER JURY MONTH DAY YI NJURY ACTORY, OFFICE, FARM, ETC.	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED EAR 19 211 LOCATION STREET DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI CITY OR TOW MEDICAL STAIL	206 IF YES, WERE IN CERTIFYING CAYES TO COUNTY OF THE COUN	FINDINGS US AUSES OF DE NO ART 2] HTY Dam the couses DATE SIGNE
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other	_	gove rise to immediate couse (a), stating the underlying cause lost part 2 OTHER SIGNIFICA. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CURRED CALEXAM. 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. Certify that III Indiana.	DUE TO, OR AS (c) NT CONDITIONS CONTI (A) 196 CONDITION 197 PLACE OF III (AT HOME, STREET, F	RIBUTING TO DEATH MELL TO TO THE TO	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED EAR 19 211 LOCATION STREET DEGREE ATTENDING	Z00 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI CITY OR TOV death occurred on the do	DITION GIVEN IN PART I OR	FINDINGS IN AUSES OF E NO ART 2] ART 2] ART 2 AR

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DIVISION OF VILLE RECORDS, TOT WITH RESIDING ST., BALLIMORE, MANIERING ALLES	ON	pital or attending physician.
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	ATTENDING PHYSICIAN: The law requires that the death certificate	Dita

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the m

Page 4 may be

	1-	STATE REGISTRAR	DEPARTE	CERTIF	CATE OF DEATH	REG. NO	oʻ.	0		
		CEASED NAME FIRST CORPRINT) Lydia	France	s (Grover		MONTH DA		26. HOUR	
	3 SEX	emale	RACE WALTE	S DATE O	F BIRTH DAY YEAR 20	6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
	7a. BII		CITIZEN OF WHAT COUNTRY?	MARRIED	□ NEVER MARRIED □	BALTIMORE CITY O	R COUNTY (
	10 CI	TY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING	WIDOWEI G HOME O PORESS)		12a USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING (IFE)	12b. KIND C	MD. DF BUSINESS OR	
)		AL RESIDENCE (# NURSING HOME OR OTH TATE 13a COUNTY	13c CITY OR TOWN		134. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 7308 M	ILLON	AVE	SUE	
4		THER'S NAME FIRST MIDE HENRY	EWING		15 MOTHER'S MAIDEN NAME FIRST BERTHA	WIDDLE		Ri	LEY	
Aller Annual Property	160 V	VAS DECEASED EVER IN U.S. ARME (es, no opunknown) (if yes, give wa		5495	JAMES E G	ROVER 73	38 M	wood 1	AVE TE	
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONTINUES IN INCOME.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	Stren St	Carcen	2010			
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH		200 AUTOPSY?	20h. IF YES,	WERE FINDII			
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE		(ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2]			
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC	21F LOCATION STREET	CITY OF TOV	/N	COUNTY STATE		
		220 I certify that (1) this hospital) sow the deceased alive an above (1) (mo (did1) did nat) v	A A A A		d that in (my) (our) opinion o		ote and hour	and from the		
		John Ki	jal W) (ATTENDING PHYSICIAN	MEDICAL STATE		7-1	SIGNED	
		TOLK Ki	jak m)	22e ADDRESS				"	
	C	REMATION	541/17/980 30 DO	N Lu	whitery or Crematory	23d LOCATION CUPARTOWN DRUMU	ml. E	3.2	stated	
	To	NAME FUNDAL HOME	In Walter 254 C	aurele	MANDO DAT	DEC'D. BY REGISTRAR	236. REGISTR	AR'S SIGNAL	Charly	

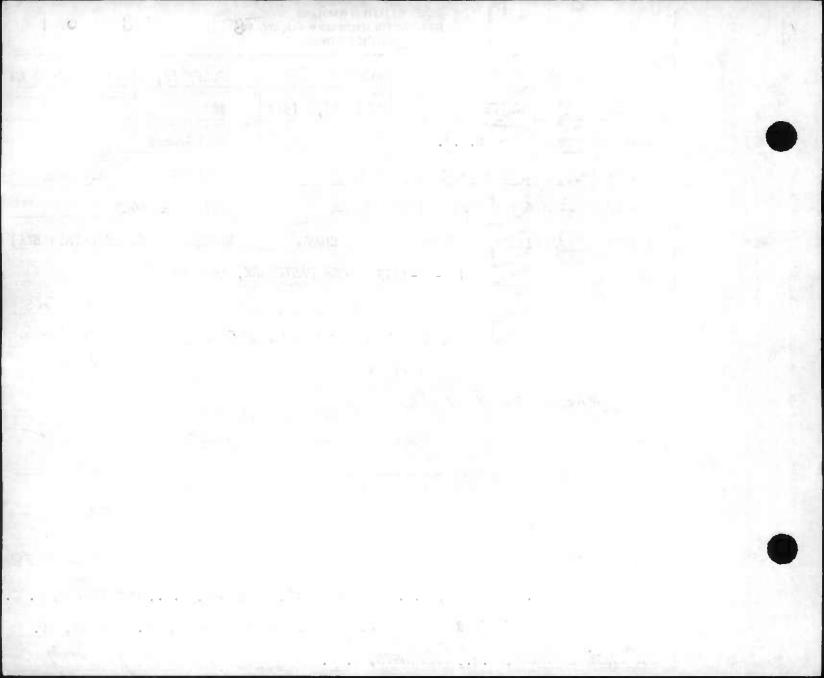
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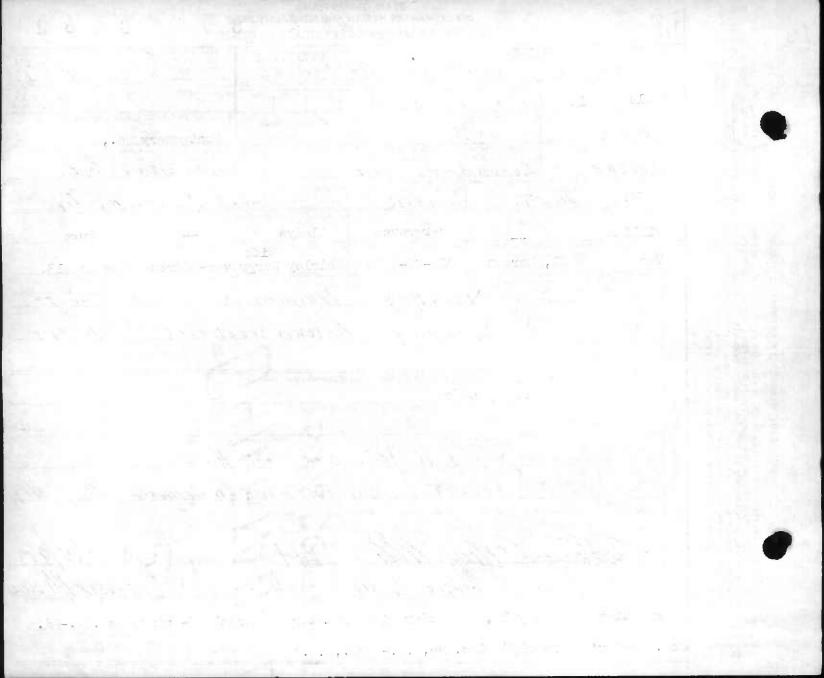
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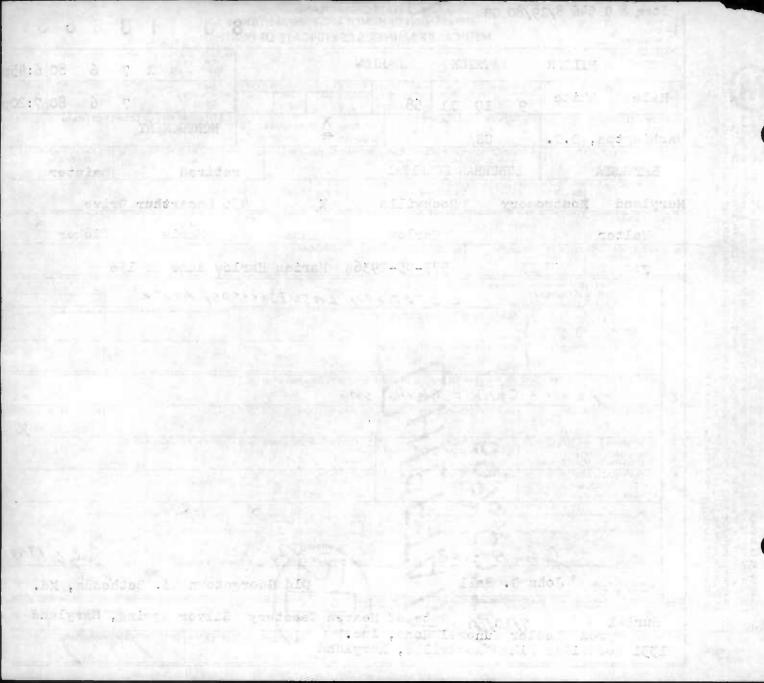
4	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENES O 1	8 5 6 1
leg .	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be	MARIANNA		HALEV	JULY 15,	1980 3:00 AM
9e 4 30	FEMALE	WHITE	APRIL 27, 1898	6 AGE (IN YEARS LAST BIRTHOAY) 82 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
leoth. Po	70 BIRTHPLACE (STATE OF FOREIGN COUNTRY HUANTA	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN MONTGOMERY	TY OF DEATH MD.
by the transfer of notified with	10 CITY OR TOWN OF DEATH SILVER SPRING	11. NAME OF HOSPITAL, NURSIN "" NOT" " SICH FACHITY GIVE TERET CHEVY CHASE NUI		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY OWN HOME
ed within 24 hours and 2 should be filled in by and 2 should be filled and 2 should be not a should be not	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION: GIVE RESIDENCE BEFOR	E ADMISSION) 13d INSIDE CITY LIMITS? SPRING YEXXX NO	13e STREET ADDRESS R	OAD
within wi	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	2
	ZALMON MARG	OLIS GORDON	CHAYA	REIZEL	UNASCERTAINABLE)
BALLIMORE, cate be execut opers. Pages 1 vool. 11, the medicak	16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!	IRITY NO. 17 INFORMANT 2855 D MUSA PASTERN	NAK, same as #13	
÷ # # 6 6 9	PART I. DEATH WAS CAUS	only one couse per line for (o), (b), on ED BY ATE CAUSE (o) 5E			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESION SI of the death cert by the attending I se remove corbon cremation, or rer other froumatic ev	Enditions, if ony, which	DUE TO, OR AS A CONSEQUE	ENCE OF UBITUS UL	CER	3 mos.
by the cose remoth.	gove rise to immediate couse to, stating the underlying cause last.	DUE TO, OR AS A CONSEQU	POKE		1 YR.
equires to signed to burial to burial injury, or	PART 2 OTHER SIGNIFICANT Rheum	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
ne low right. Do. hos been prior ene prior boxs ony	Rheum 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED "IFYING CAUSES OF DEATH?" YES \(\text{ NO } \)
CIAN TI physical physical of-tronsitions of tronsitions and Hyguren 18 shall be properties.		HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
DIVISION OF VITAL RECORDS, NG PHYSICIAN The low require oftending physicion. Ther this certificate hos been signs the buriol-tronsit permit. Then the ond Mentol Hygene prior to be orked or them 18 shows ony injury.	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION	CITY OR TOWN	COUNTY STATE
DR: FENDIN's response of the off the o	22a. certify that (I) (this has	n 2 2 1 19 500 view the body ofter death.	April 19 80	death occurred on the date and hi	, 19 , that (I) (we) lost
OR AT OR AT DIRECT Oched fo Dept. o	obove (I) we (did) did n	of view the body ofter death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
HOSPITAL med by the FUNERAL vide be detailed to the Stote ORTANT:	22d, PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	DIRECTOR PHYSICIAN	134071180
TO HOSPITAL (retoined by the TO FUNERAL E should be deto- with the State E IMPORTANT: #	LAWRENCE	H. SCHAINKER, M.	D. 5401 WESTERN		WASHINGTON, D. C.
2760 BP	230 BURIAL, CREMATION, REMOVA BURIAL		NAME OF CEMETERY OR CREMATORY UNT LEBANON CEMETE		GEORGES, MD.
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FOUNALOCM® STEIN 232 CARROLL ST	N HEBREW MEMORIAL REET, N.W., WASHI	FUNERAL HUME	e rec'd, by registrar 256. reg i	STRAR'S SIGNATURE



STATE OF MARYLAND



STATE OF MARYLAND



TO MEDICAL EXAMINER, THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS MECES ASSETTED. PAGE 4 SHOULD BE CERTIFICATE, WRITHING THE WORLD. IN PENCER IN ITEM IS GIVE PAGES 1, 2 AND 3 TO THE FUNERAL BIRECT PAGE 4 SHOULD BE FORWARDED TO THE CHIEF AEDICAL EXAMINER ALONG WITH FORM PM. 3. BETAIN PAGE 3 FORLY YOUR TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE THED WITHIN TO AND ASSETT WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE DAYSON OF WITH BECORDS, 201 WI PRESTON STEEL BASTMODE MENTAL HYGIENE DAYSON OF WITH BECORDS. 201 WI PRESTON STEEL MANY AND 2 STATE BECORDS. 201 WI PRESTON STEEL MANY AND 2 STATE BECORDS. 201 WI PRESTON STEEL MANY AND 2 STATE BECORDS. 201 WI PRESTON STEEL MANY AND 2 STATE BECORDS. 201 WI PRESTON STEEL MANY AND 2 STATE BECORDS. 201 WI PRESTON STEEL MANY AND 2 STATE BECORDS. 201 WI PRESTON STEEL MANY AND 2 STATE BECORDS. 201 WI PRESTON STEEL MANY AND 2 STATE BECORDS. 201 WI PRESTON STEEL MANY AND 2 STATE BECORDS. 201 WI PRESTON STEEL MANY AND 2 STATE BECORDS. 201 WI PRESTON STEEL MANY AND 2 STATE BEAT WITH AND 2 STATE BEAT WITH A REPORT OF REMAINING STATE BEAT WITH A RESPONSE. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

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	1 - 5	DEPARTMENT OF HEALTH AND MENTAL HTGERE WALTER EDITARD HERT AND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
Z MORS S	DEC	CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN COMONTH DAY YEAR 26, HOUR OF ESTI- DEATH MATED 4. RACE S DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 20. DATE KNOWN COMONTH DAY YEAR 20. DATE PRONOUNCED
EN WHEN W) 10. CI	TY OR TOO N OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12. SYRS. DEAD JULY 22.19 9. BALTIMORE CITY OR COUNTY OF DEATH WIDO WED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 11. WE NOT INSTITUTE OF THE TABLES OF THE PROPERTY OF THE PRO
SECOND SET THE PACE OF THE PAC	USUA 13a. S1	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 13. CITY OR TOWN 13. LINSIDE (ITY LIMITS? YES IN O H. J.
H HORN PM GGES I AND BION OCES		VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANY ADDRESS 156. NO. OR UNKNOWN) 1 18 YES, GYEWAR OR DATES 4. ST8-34-53/3 BERNADINE PENNINGTON
DING, IN FENCE, IN LIEM III. DOICAL EXAMINEE ALONG V. S. A. BURIAL TRANSIT PERMIT. TH AND MENTAL HYGIENE D. ATION, OR REMOVAL.	NA.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Conditions, if ony, which gave rise to immediate couse (a) stating the under- lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
S CHET ME	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOTE: 21d. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 38 PART 1 OR PART 2)
WRITING THE VARIED TO THE VARIED TO THE VARIE OF ANY MEDICAL TO BE CONTROLLED TO BE CONTROL	MEDICAL CI	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK WORK STREET, FACTORY, FARM, ETC.) WHILE AT WORK WHILE A
E 4 SHOULD BE FORW. FUNERAL DIRECTOR P. SR DEATH WITH THE ST. TIMORE, MARYLAND, 212		220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry, and in my opinion death resulted from: Natural causes Accident, Suicide, Homicide
P	14	DELLA DIRECTOR JULIANA DE GEMETEN OR CREMATORY 234 AGATION COUNTY MA

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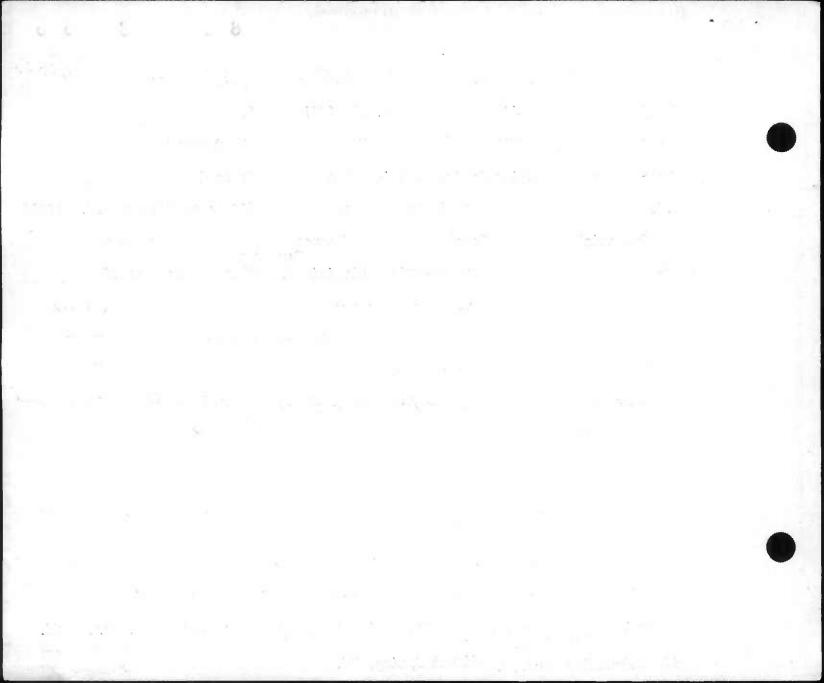
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		OR PRINT)	Maru			Has		7	7/24	80	7:45
nce.	3 SE	FEMALE.	4 F	RACE WHITE		AUGU	DE BIRTH UST 23, 1896	6 AGE (IN YEARS EAST BIRTI			OURS M
fied at o	7e. B	RTHPLACE (STATE OR FI	OREIGN 7h	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OF	RCOUNTY O MERY	FDEATH	
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t, the me		WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMEI (IF YES, GIVE WA		578-14-3		17 INFORMANT ELEANOR HA	11102°B	ÜCKNELI FATON	MARVIA MARVIA	VID _
0.0		cause (a), stating underlying cause	e last	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CONE	100	IN PART 1(a)	
ows any injury.	CATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDING	
8 shows any injury,	RTIFICATION	190 DATE OF OPERA				OPERATIO		YES NO	IN CERTIFYIN YES [NG CAUSES OF	
or Item 18 shows any injury,	CAL CERTIFICATION		DERLYING CAUSE OF DEATH	216. TIME O HOUR A.	F INJURY M. MONTH DA		N WAS PERFORMED	YES NO	IN CERTIFYIN YES [NG CAUSES OF	DEATH?
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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.

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2015	-32	1.	FOR STATE REGISTRAR			DEP			ALTH AND MENTA		NE 8	0	- 1	8	5	6 6	
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ped	y, or		PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS C	ONTRIBUTIN	G TO DEATH	BUTN	NOT RELATED TO TH	E TERMIN	AL DISEAS	E OR CONE	DITION GIV	EN IN PA	RT I(a	1	:
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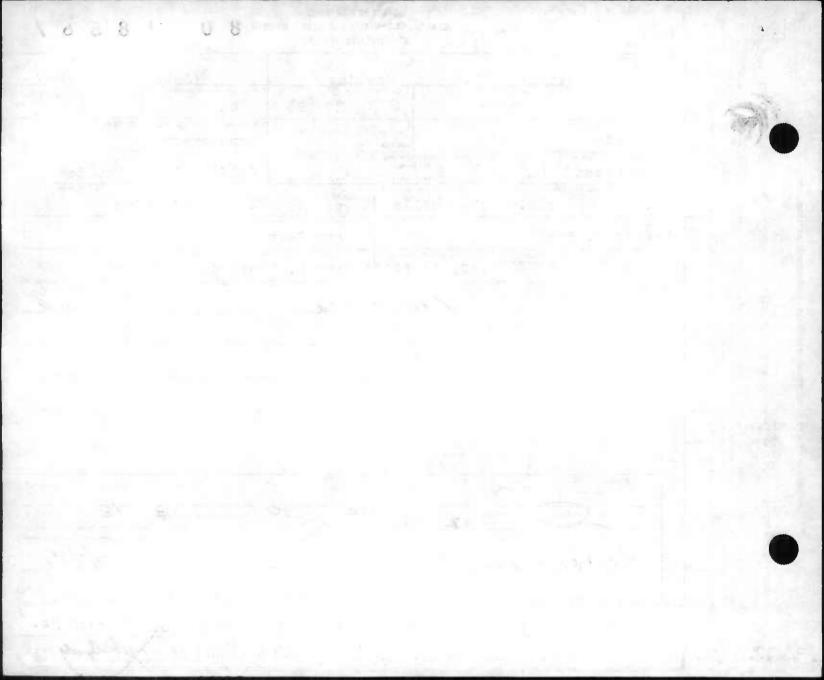
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		PART I. DEATH			r line far (a), (b) ar	open	ans	,			16	exent
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9	CERTIFICATION	190 DATE OF OPER	RATION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	IN CERTI	S, WERE FINDIN	OF DEATH?
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9		21a. ACCIDENT WAS L OR CONTRIBUTING [LIF EITHER, NOTIFY MEI	CAUSE OF DE	ATH HOUR A	.M. MONTH D	AY YEAR	ZIC HOW INJ	URY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18,	PART 1 OR PART 2)	
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		Th SIGNATURE	did no	t) view the body	ofter death.		DEGREE				22c. DATE.	SIGNED
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	_			V. Ros					gut Ave.	, Kens	ington,	Md.
	23e. E	urial, CREMATIO Burial	N, REMOVAL	23b. DATE 7 / 7 /	80 L	NAME OF C Vles	Bapt.	rematory Cemete	23d LOCATION CITY OF TOWN	Store	Fluvar	na Vä.
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	-61	FOR 7/15/80 ks STATE REGISTRAR EASED NAME FRST 1	LILLA, MIDDLE	CERTIFI	EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	D. DAY	YEAR	Izb. HOUR	
death	TYPE	ORPRINT) RILLA		/	HAVES	7-5-80			10 A.M	
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72 hou	No. B	RTHPLACE (STATE OR FOREIGN COUNTRY) rth Carolina	76 CITIZEN OF WHAT COUNT U .S.A.	RY?	NEVER MARRIED	MONT GO	R COUNTY OF	FDEATH	MD	
St be notif		ty or town of death	11. NAME OF HOSPITAL, NUI I IF NOT IN SUCH FACILITY, GIVE ST UNIVERSITY	REET ADDRESS)		12ª USUAL OCCUPATION OF WORK FOR MOST &	ON	INDUSTRY	OM E	
examiner mu	USU 13a. S	AL RESIDENCE IF NURSING HOME O TATE 135 COU	OTHER INSTITUTION, GIVE RESIDENCE BE	EFORE ADMISSION	134 INSIDE CITY LIAMES? YES NO TO	13R STREET ADDRESS	34 Ga	ithers	burg, Ma	
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sho Sho	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION		200 AUTOPSY? YES NO	206. IF YES, W IN CERTIFYIN YES (NG CAUSES		
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART		•	
ed or Item	EDIC	21d. INJURY OCCURRED	LAT HOUSE STREET SACTORY OF	CC C.D. CTC.	STREET	CITY OF TOY	VIN	COHNTY		
with the State Dept. of Health and Mental Hyg IMPORTANT: If Item 21 is marked or Item 18	MEDICAL	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hasp	(AT HOME, STREET, FACTORY, OFF	om	d that in (my) (our) opinion DEGREE (ATTENDING	MEDICAL STAIL DIRECTOR PHYSIC	19. ote and hour or	22c. DATE		

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

STATE OF MARYLAND

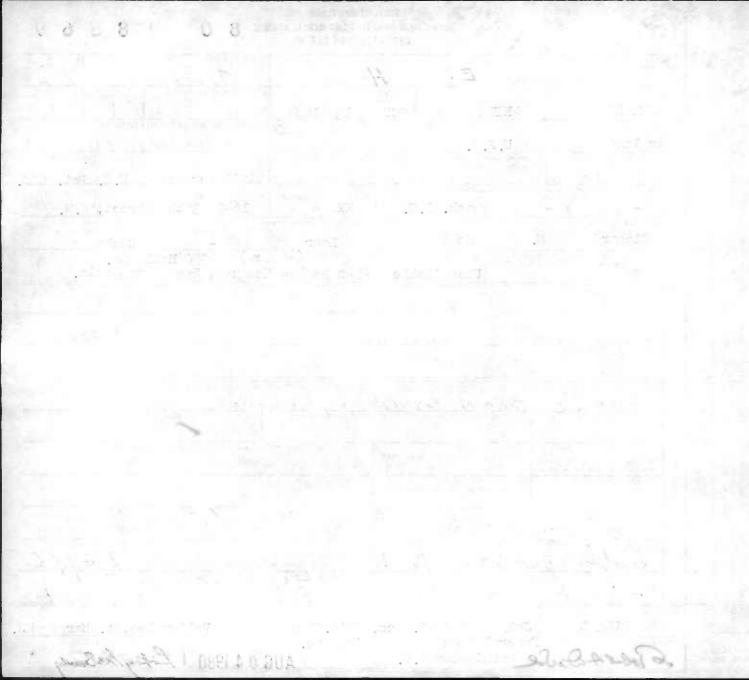
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directifications and 2 should be filled within 72 hours all with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiger must be notified at on

TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician. BP. DHMH-16 25M (VRA 15, 4) 1/79

· 22	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 REG. NO. 8 5									
	1 DE	CEASED NAME FIRST VINGIN	ia	E.	1	Yebb.	20 DATE OF DEATH	MONTH DAY 4/80	YEAR	26 HOUR	5 M	
H	3. SE	x FEMALE	RACE WHIT	F.	5. DATE O		6 AGE (IN YEARS LAST BIRTI	MON	THS DAYS	HOURS M	HR5	
F	C			WHAT COUNTRY?		D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	DEATH		MD.	
0	-	47	1. NAME OF		G HOME (OR OTHER INSTITUTION	12e USUAL OCCUPATH (TYPE OF WORK FOR MOST OF Civil Serv	F WORKING LIFE)	126 KIND OF INDUSTRY	BUSINESS		
7	USU. 13a S	AL RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION	GIVE RESIDENCE REFORE	N	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		eet, N		ه طسانه	
1	14 FA	THER'S NAME Richard A	DOLE	Hebb		IS MOTHER'S MAIDEN NAM FIRST Laura	MIDDLE		ombs (AST			
3		VAS DECEASED EVER IN U.S. ARM yes, no or unknown) 1 if yes, give v No	ED FORCES? VAR OR DATES)	Unavaila		John Wayles	hew) 990 Kennedy, Bo	Sholly :	n, Fla	ATE INTERVAL		
	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, O (b) DUE TO, O (c)		NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	IN PART I(o	PS		
2	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, W IN CERTIFYIN YES	IG CAUSES C		,	
1	143	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT. (IF EITHER, NOTIFY MEDICAL EXAMINER)	Р.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	OR PART 2)			
	MEDI	214 INJURY OCCURRED WHILE ONOT WHILE OF AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	-	21f LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE		
		22a I certify that (1) (this haspital saw the deceased alive a above (1) (we) (did) (did not	7/-	3/8010	_	nd that in (my) (aur) apinian c	leath occurred on the do	ite and haur an	nd Iram the co			
		22d PHYSICIAN'S NAME (TYPE OR	No	MEDICAL STAF	IAN 🗌	7/2	Y/S	0				
		RALPH M.	CO4).	220 ADDRESS 44	THESDA	NO.	> CC	7 wy	-	
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	24 FI	Color Devol	Funera. Wasl	L Home hington D	.C.	Wisc Ave 25. DATE	REC'D. BY REGISTRAR	25b. REGISTRAF	rs signatu	RE	-	



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N OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may to physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, pro-

	1 -	FOR STATE REGISTRAR		RETAILED OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	185/	
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	26 DATE OF DEATH MONT	H DAY YEAR 25 HOUR	
				HELLER	July 15,1980		
	Female		4 RACE	ACE S DATE OF BIRTH		MONTHS DAYS HOURS	
			White	October 10,1914	65	YRS.	
69	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) EW York	U.S.A.	Y? MARRIED ₩ NEVER MARRIED WIDOWED DIVORCED	Montgomer		
	10 C	ITY OR TOWN OF DEATH	11, NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION	12h. KIND OF BUSINES	
26	Bethesda Clinical Center USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADD			ter, Bethesda, 1	Clerical wo	work Banking	
19	130 3	STATE 136 CO New York Wes	UNTY 136 CITY OR TO	DWN 1136 INSIDE CITY LIMITS?	Oak Drive.	oute #4	
56		ATHER'S NAME 1111am	MDDLE Rlink LAST	15. MOTHER'S MAIDEN N Louise		Schmidt	
3	NUES, NO ORUNKNOWN) IF YES, GIVE WAR OR DATES) 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS 17 INFORMANT						
Haur			IATE CAUSE (o)	ordine tacline			
		Conditions, if any, which gove rise to immediate cause ioi, stating the underlying cause last.	DUE TO, OR AS A CONSEO	DUENCE OF Jamps or out	MINAL DISEASE OR CONDITIO		
strows any rejory, or other tradinate.	TEICATION	Conditions, if any, which gove rise to immediate cause ioi, stating the underlying cause last.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) T CONDITIONS CONTRIBUTING TO	DUENCE OF Jampo aroul	20e AUTOPSY? 20b.	ON GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH	
	CAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) T CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M., MONTH	DUENCE OF COMPONENTS OF THE TER	200 AUTOPSY? 20b.	ON GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YESX NO	
indived of tent to strows any injury, or utilet traditions	MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICAN 199 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) T CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M., MONTH	DUENCE OF JOUENCE OF O DEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES:20 NO	
tern 2.1 is marked on them to shows any rigidity, or other traditional		Conditions, if ony, which gave rise to immediate cause loi, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19e DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21d (Ithis hos saw the deceased alive obove)	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) 19b CONDITION FOR WHICE 19b CONDITION FOR WHICE 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DUENCE OF O DEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET TULY 5 ond that in the (our) apinio	200 AUTOPSY? 200 IN 1 YES NO CITY OR TOWN	ON GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO [1] IEM 18, PART 1 OR PART 2) COUNTY STA	
An Oth Astr. It term at 15 merice of term to shows any rightry, of onless readment		Canditions, if any, which gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 210. IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK (IF ITHER) AT WORK 220 I certify that (If this had saw the deceased alive.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) 19b CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICE 19b CO	DUENCE OF ODEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET TULY 5 and that in the (our) apinion DEGREE	200 AUTOPSY? 200 IN 1 YES NO CITY OR TOWN	ON GIVEN IN PART 1(a) IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO [] IEM 18, PART 1 OR PART 2) COUNTY STA 1980, Thorein (with a cause sto) 22c. DATE SIGNED	

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS National Institutes of Health Glenn Barnhart MD Clinical Center, Bethesda 20205 230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23d LOCATION Somers July 19, 23c. NAME OF CEMETERY OR CREMATORY COUNTY Ivandell Cemetery Robert A. Pumphrey Funeral Homes, P.A. 250 DATE REC'D BY RES FRAR 25% REGISTRAPES GNATURE

DHMH-16 25M (VRA 15, 4) 1/79

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executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

BP_ DHMH - 16 50M 1/76 (VR A 15 (4))

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REG. NO.

	1. DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH "	ONTH DAY YE	AR 26 HOUR
	Fr	ances	HELMIG		July	21 19	
	Female	4 RACE Caucasian	5 DATE OF BIRTH	1911	6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HI DAYS HOURS MI
67	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) New Jersey	76 CITIZEN OF WHAT COUN	MARRIED NE	VER MARRIED (X)	9 BALTIMORE CITY OR Montgome		тн
7	Bethesda	11. NAME OF HOSPITAL, NI IF NOT IN SUCH FACILITY, GIVE National Na			120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Therapist		IND OF BUSINESS STRY
Sylvet be	USUAL RESIDENCE (IF NUMSING HOW 130 STATE 136 CC	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 13c. CITY OR	BEFORE ADMISSION) 13d INS antville YES	IDE CITY LIMITS?	13e STREET ADDRESS 34 East R		
Cxomines	14 FATHER'S NAME FIRST Charles	MIDDLE LAS'	15. MOT	HER'S MAIDEN NA FIRST Minnie	WE WIDDLE	C	LAST DUSE
Z medicol	77	GIVE WAR OR DATES)	SECURITY NO. Cami	TTe	ADDRES PI on 35 East I	s asantvil	le, N.J.
ic event, the	PART I. DEATH WAS CAU	only one couse per line for OSED BY:	4RDIAC	HERE		BET	PPROXIMATE INTERVAL WEEN ONSET AND DEA
r other trouma	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONS	SEQUENCE OF	ULMONA	ey EMBO	LUS.	
hows ony injury, o	190 DATE OF OPERATION	DEGEN. A.	HICH OPERATION WAS F	ERFORMED KNEE	200 AUTOPSY? YES NOW	206. IF YES, WERE F IN CERTIFYING CA YES [INDINGS USED JUSES OF DEATH?
ltem 18 s	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	H DAY YEAR		RED (ENTER NATURE OF INJURY	' IN ITEM 18, PART 1 OR PA	RT 2)
orked or	AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	CATIÓN	CITY OR TOW		
21 is m	220.1 certify that It (this had deceased alive	spital) attended the deceased to July 21		, 19 <u>80</u> (my) (our) opinion	, to		m the couses stated
VT: If Iten	Much	Martin	DEGREE	ATTENDING PHYSICIAN [MEDICAL STAFI		DATE SIGNED July 22 1
IMPORTANT: IF	ALICE M.	HARTINSON.		ional Nav	al Medical (Center, Be	ethesda,M
4	230 BURIAL, CREMATION, REMOV	Jul. 26, 1980	23c NAME OF CEMETERY Pleasantvil	le Cemete		ville At	
76	24 FUNERAL DIRECTOR NAME Robt. A. Pumphi	rey Funeral Hom		1 20.00	E REC'D. BY REGISTRAR 2	Sh REGISTRAP	TAIDE

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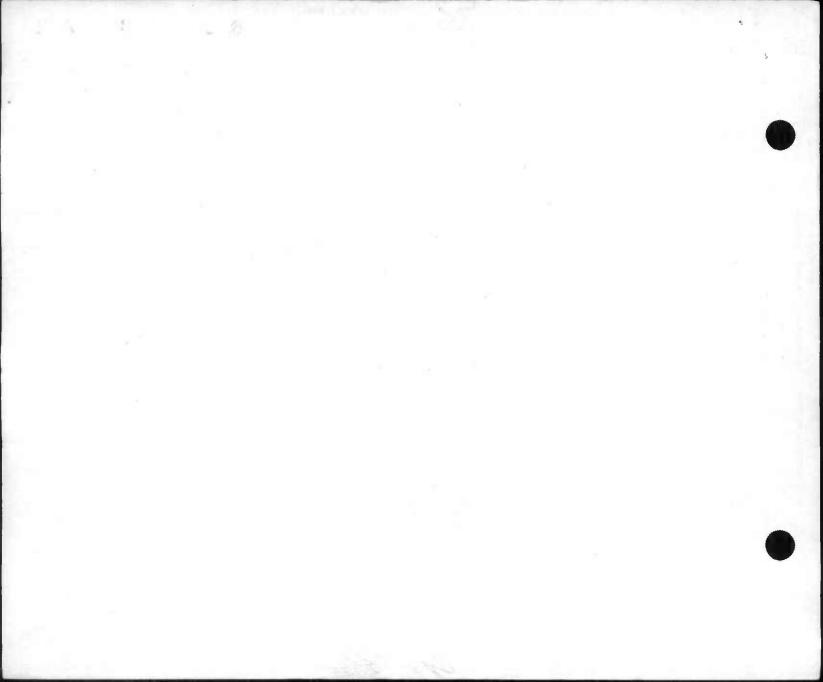
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TO HOSPITAL ON ATTENDING PHYSICIAN THE BURGARE AND INCOME SECURED WINN 24 hours offer death retoined by the hospital or attending physician.

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phys	a tra	00		OR CONTRIBUTING CAUSE OF DE		AY YEAR	RED JENIER NATURE OF INJURY IN ITEM 18, PAR	I I OR PART 2}
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dsor	ed fo	m 2		obove, (I) (we) (did) (did n 22b_SIGNATURE	ot) view the body ofter death.	DEGREE		22c. DATE SIGNED
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b 4	Stat	Ž		220. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN D	DIRECTOR PHYSICIAN	
ned .	should b	ORT		Roland		4077 Patt	own Inno Doth	anda Ma
e c	Sho w	¥ —	23- 0	ROTATION REMOVAL	Imperial, MD.	NAME OF CEMETERY OR CREMATORY	ery Lane, Bethe	esda, Md.
R.P.			230 0	SPECIFY)			CITY OR TOWN CO	OUNTY STATE
Dr_		-	2 (AF)	Burial WERALD RECIDE Pilm	July 22, 1980) Maplewood Ceme	tery Wilson W	ilson N. Cai
	H-16 : 15, 4)		84	34 Ga. Ave.	phrey, Inc	4835)	200

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o 72 hou	St	RTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTY	WIDOW		Montgo	mery	F DEATH		MD.
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t, the me	16a V	VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GN 11.0	E WAR OR DATES!	SECURITY NO. 12-3156	Wm. L. FA	ADDRE 10n 16495		woodb field		Ma
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STATE OF MARYLAND

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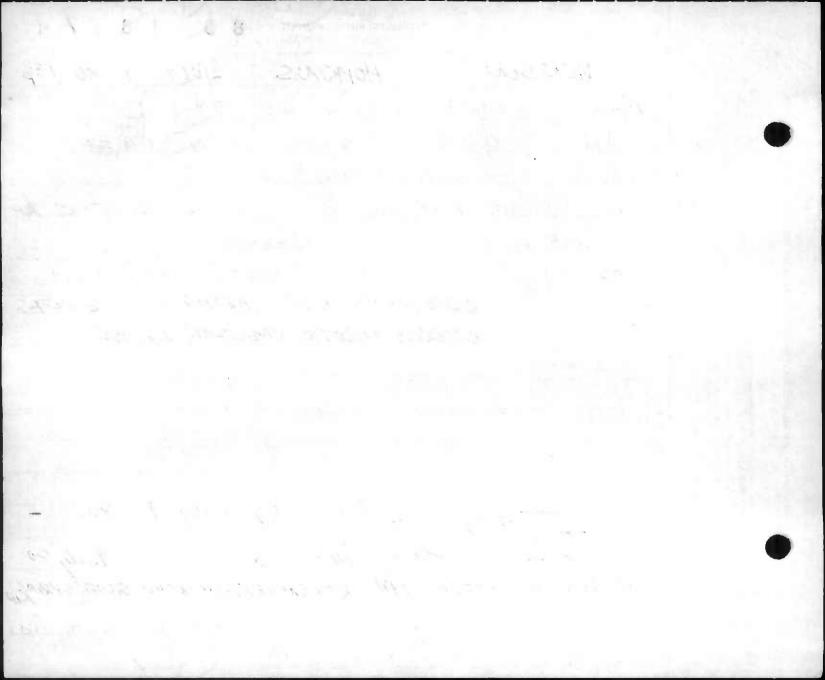
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death Page

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The second second		STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 8 5 7 6
		CEASED NAME FRST MIDDLE LAST 20. DATE KNOWN 20 MONTH DAY YEAR 22. HOUR
ES SEE	10	Albert Frederick Houser
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XAMINER XAMINER LD BE FO WITH THE RRYLAND,		220. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU AFTER DEATH, I BALTIMORE, MA		EXAMIDER SMAME John S. Rogers, M.D. ADDRESS 1919 Seminary Rd. Silver Spring, Md.
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FOR STATE REGISTRAR	DEPARTME
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STATE OF MARYLAND UT OF HEALTH AND MENTAL HYCIENE

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1980 Metropolitan 24 FUNERAL DIRECTOR P.A., BETHESDA, MARYLAND HOMES,

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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Carroll D. C.

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CIVISION OF VIAL RECORDS, ACT W. PRESION SI., BALLIMORE, MANIET SI.	ŧ
イO HOSPITAL JR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be petained by the hospital or attending physician.	0
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hour after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	3

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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9		THPLACE ISTATE OR FOREIGN		VHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
1		NY	U.S.		WIDOWE	DIVORCED [MONTG		RY		MD.
	0	OCKUILLE		OSPITAL, NURSIN	ADDRESS	DUENTIST	124 USUAL OCCUPA (TYPE OF WORK FOR MOST Homemak	OF WORKING	126. KIND OF INDUSTRY Home	FBUSINESS	OR
1	13e S			GIVE RESIDENCE BEFORE	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS		ERWOO!	DIEI	ER
1		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		- 2		
l		Frederick	Н€	llwege		Carrie	MIODEE		Lippe	art	
	láe W	(AS DECEASED EVER IN U.S. AI (IF YES, GN (IF YES, GN	RMED FORCES?	174-07-		LAUONNE	HERD AS	ROCK	13e	MD.	
١		18 CAUSE OF DEATH (Enter o	nly one couse per	line for (a), (b), and	discus .				APPROXICE BETWEEN C	MATE INTERVAL	L ATH
١		PART I DEATH WAS CAUSI	TE CAUSE (a)	ongesti	ve 1	reart failu	re		100	eek	
		4029 Conditions, if any, which		AS A CONSEQUE Typertens	NCE OF	cardiovascu	var dise	rase	10	URS	
		gove rise to immediate couse 101, stating the underlying couse last.	DUE TO, OF	AS A CONSEQUE						J	
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER!	MINAL DISEASE OR CO	NDITION C	SIVEN IN PART 1(0	9	
2	CERTIFICATION	19a DATE OF OPERATION	1% CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDIN TIFYING CAUSES YES [IGS USED OF DEATH? NO	,
		214 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF IN.	URY IN ITEM I	8, PART 1 OR PART 2}		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	E
		220 I certify that (I) (this hasp sow the deceased alive a above (I) (we) (did) (od a	-112/10	7	123	nd that in (my) our) opinion	to	25 dote ond h		that (I) (we) couses stated	
		Lery W	well	P		DEGREE MO ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN []	7/26	SIGNED 8	
		Chery WINC				19241 MON	Hadmery L) Mase	Aug H	asbur Mal	3,
7	23a B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	236 LOCATION	7		,	-
	Вч	ifia1		9, Al	_	ny Cem.	Allegar		New		k
		ert A. Pumpl	Rockvi arey Fu	lle Ma nerals H	ryla omes	n d P.A. 25a. D	UL 3 0 1580^	R 25b. REC	ISTRAR'S S	Gody	

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

0 8 2 8 0 8 minimum reality reality The same of the same Asset 1 12/22 ea/L 12/22/L sleep o Chary Pleaselle 28/30/L X CM EM Sin a Marington 1200 Denyl Dawlell Erd was a cost of title

	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL CHATTE	TO HOSPITAL C. ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.
TO FUNERAL DIRECTO should be detached for with the State Dept. of h	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours after deat with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
MPORTANT. If them 21	IMPORTANT. If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be partitled at once

DHMH-16 20M (VRA 15, 4) 7/7B

A.	1	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	18581
Be.		DECEASED NAME FRE	ARRYETTE	HURST	20 DATE OF DEATH MONTH	25-80 7 9
	3 5	SEX	4 RACE	S DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	L	Female	White	7-4-39	41	MONTHS DAYS HOURS MIN
once	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	72	MARRIED NEVER MARRIED	BALTIMORE CITY OR COL	JNTY OF DEATH
5/	-)klahoma	L.S.A.	WIDOWED DIVORCED	MONT60	MERY
notified	85	CITY OR TOWN OF DEATH	I IF NOT IN SUCH FACILITY, GIVE STREET A A A A A A A A A A A A A A A A A A A	155 HOSPITAL	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Housewife	IZE KIND OF BUSINESS OF INDUSTRY HOME
e must be		STATE 13b	ome or other institution, give residence before COUNTY 13c. CITY OR TOV COUNTY Damas	YN 134 INSIDE CITY LIMITS? YES 🙀 NO 🗌	13e STREET ADDRESS 10408 Mayna	rd Court
au E	II.	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
- Pero	50	James	Koch	Helen	1000566	Zaffos
medica	1 160	WAS DECEASED EVER IN U {YES, NO OR UNKNOWN} IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES) 16b. SOCIAL SECTION 16b.	3073 Dr. M. Way	ne Hurst	Item 13
or other troumatic event,		Conditions, if any, whis gave rise to immedia cause (a), stoting t	DUE TO, OR AS A CONSEQUE	datic Cartinon	est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BYCARS
ınjury, a	Z O		ANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	IINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
ows ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
is marked or them 18 sha	MEDICAL CER	OR CONTRACTOR CALLE	OF DEATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITE)	M 18, PART 1 OR PART 2)
	WED	21d. INJURY OCCURRED WHILE NOT WHILE (21st PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21		saw the deceased of	hospitat) attended the eleceased from the on 1956 and the on 1956 and the one of the one	and that in (my) (our)-opinion	death occurred on the date one	1980, that (I) (we) last disportant the causes stated
MPORTANT. If them		22b SIGNATURE	Terred Gods		MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 125/80
WPORTAL	1	G. Lenna:	rd Gold, M.D.	8630 Fento	n St.,Silver	Spring, Md.

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23d. LOCATION CITY OR TOWN 23c NAME OF CEMETERY OR CREMATORY Burial 7/29/80 memorial Galder FUNERAL DIRECTOR Olim L. Molesworth, P.A. Damascus, Md. 7/29/80 Memorial Gardens Oklahoma City

.A.C.J Consider

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STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE 8 0	10.	8 3	8 2
		CEASED NAME ORPRINT)	Fran		. Hyma		AST	2e DATE OF DEATH	7/12/	YEAR	8:47am
	3 SE	male		4 RACE Wh	ite	5 DATE C		6 AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
6	C	IRTHPLACE ISTATE OR FOO	nd	U.	S.A.	WIDOWE		Montgomer	y Count	ty	MD.
5	G	aithersbur AL RESIDENCE (IF NURS	ď	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	or other institution	Retired U	OF WORKING LIFE)	INDUSTRY	ernment
5	13a. S	Maryland	13P CORN	gomery	Rockvill	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 222 Blandf	ord St	reet	
51		rancis	Cla	nge	Hyman	Sr.	Pearl	ME		Elli	ngton
		WAS DECEASED EVER YES, NO OR UNKNOWN]	MED FORCES? WAR OR DATES)	718-12-2		17 INFORMANT Ida Ruth Hym		Maford lle, M		t 8 5 0	
	NOI	Canditions, if any, gove rise to imrease in a statir underlying couse	, which mediate ag the last	DUE TO, OF	R AS A GONSEOUE R AS A GONSEOU	CVM	orrest ytthingi chort d NOT RELATED TO THE TERM Julmonary	atral uplant unal pisease or con dislos	WITION GIVEN	VIN PART 1100	tary feed
2	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERA (IO	N WAS PERFORMED	200 AUTOPSY?		MERE FINDIN	
7		218. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	21b. TIME O HOUR A./	M. MONTH DA	YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART	T I OR PART 2)	
	MEDI	214 INJURY OCCUR	HILE []	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.J	21f LOCATION STREET	City or to	WN	COUNTY	STATE
		220 I certify that (I) saw the decease above, (I) (we) (a	ed olive on_	7-	4 19		nd that in (my) (our) opinion	deoth accurred on the a	late and hour c	and from the	
		22b. SIGNATION	J Du	Wy	/RW	Ato	DEGREE MATENDING PHYSICIAN [MEDICAL STA		77-T	7-80

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 7/15/80 231 NAME OF CEMETERY OR CREMATORY George Washington Cem.

VEIRS MILL 234 LOCATION CITY OF TOWN Adelphi

Prince George

Md.

DHMH-16 25M (VRA 15, 4) 1/79

MPORTANT: If Item 21 is marked or Item 18 shows TO FUNERAL DIRECTDR: After this certificate has tshould be detached for use as the burial-transit permit with the State Dept, of Health and Mental Hygiene pr

74 FUNERAL DIRECTOR
Tyson Wheeler Funeral Home

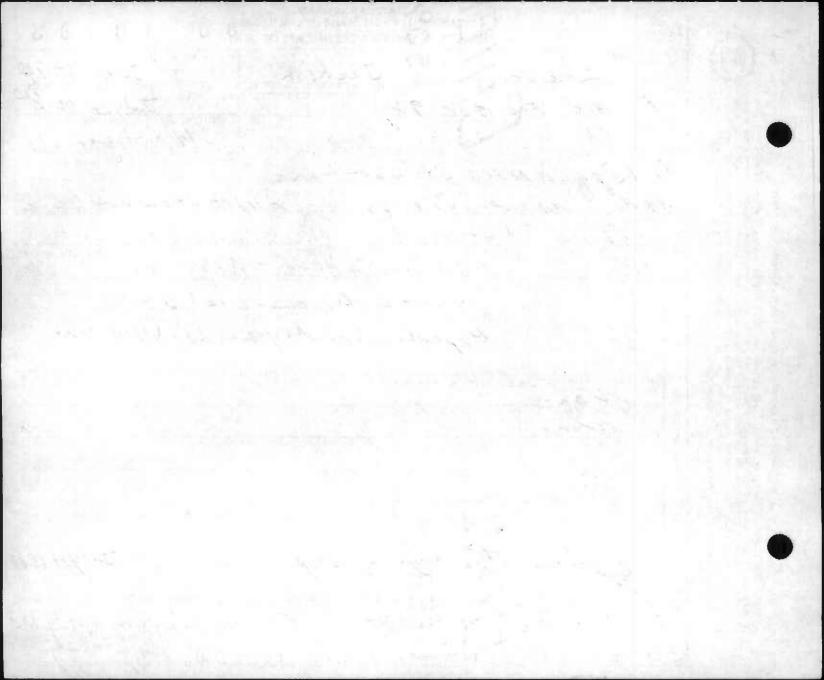
1331 Rockville Pike Rockville, Md

ting was a ser in at the about the racin Chunco er an rich 73g-15-1335 Ide Ruth Bress Rochville, C. 20050 Ruthel 2/13/20 Door a Macanatan W. 13/2 i Prints " the Typion Phostor uneral copy III get vil a mice

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ARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN OF ESTI-(TYPE OR PRINT) 1. SEX 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR BIRTHPLACE (STATE OF MARRIED NEVER MARRIED WIDOWED D DIVORCED 18. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE) 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME FIRST (YES, NO, OR INKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES 3 SHOULD BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 9 MEDICAL 0 CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211. LOCATION WARDED STREET STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes death resulted fram: Accident Hamicide L Undetermined manner DIRECT TITLE (SPECIFY) TO FUNERAL DAFTER DEATH, BALTIMORE, MA SIGNAT **DHMH-17** (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND



STATE OF MARYLAND

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and	kekronisi mai	les y		

Page 4 may be

executed within 24

certificate be

death o

PHYSICIAN:

ATTENDING

cian and completely filled in by the funeral direc s. Pages 1 and 2 should be filed within 72 hours

notified at

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

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	DEC NO	11.07			

1 -	- STATE	DEPARI	CERTIFICATE OF DEAT		1 8 2 8 5
	REGISTRAR	MIDDLE		REG. NO.	
	CEASED NAME FIRST		LAST	26 DATE OF DEATH MONTH	DAY YEAR 26. HOUR A
	CHAR	LES Harold	JENNINGS	S July,	24 80 100 W
SE	Х	1 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	Male	Caucasian	April 9, 190	76 YE	
C	IRTHPLACE (STATE OR FOREIGN OUNTRY) 1 ah o ma	Th CITIZEN OF WHAT COUNTRY United State	THE PRINCIPLE OF A LEVER ALABORE	BED O BALTIMORE CITY OR COU	NTY OF DEATH County AD.
	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTE	ON 17a USUAL OCCUPATION (THE OF WORK FOR MOST OF WORK IN EN 11 PC PT	IZE KIND OF BUSINESS OR INDUSTRY GOV T
130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 134 COUNTY AND MON	rother institution, give residence before NTY City or Tov	Chase YES X NO	_ 1 1 2 2 1 2 2 2	horn Street
4 FA	ATHER'S NAME		IS MOTHER'S MAIL		4
	Charles Or	ville Jennin	gs Retta	MIDDLE	McIntosh
	WAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	ADDRESS	9-9
(YES, NO OR UNKNOWN) (IF YES, GI	(E WAR OR DATES) 494-22	-0930Pauline	W. Hennings Sa	me as item #13
CERTIFICATION	PART I DEATH WAS CAUS	only one course per line for 161, 154 of DBY: ONE CAUSE (a) DUE TO, OR AS A CONSEQUE OUE TO, OR AS A CONSEQUE (b)	UNIOC CAN-	aspointistinal	Stephing 2 Nays
	PARTO OTHE SIGNIFICANT	CONDITIONS CONTRACTOR	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION	
	IN DATE OF OPERATION	11% CONDITION FOR WHICH	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
314	TIE ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINES	Section 1 to 1		OCCURRED (SHISH NATURE OF PAULEY IN TEM	IE PART (DRPART 2)
MEDICAL	ALMORE THOU WHEE	214 PLACE OF INJURY (AT HOME STREET, PACTORY, OFFICE	THE LOCATION STREET	TO T	COUNTY STATE
	saw the deceased alive o	in attended the deceased from a control of the cont		opinion death occurred on the date and	10 that (1) (we) fast hour and from the couse stated 22s. DATE SIGNED

274 PHYSICIAN'S NAME ITHE OFFINITE

231. NAME OF CEMETERY OR CREMATORY

124 ADDRESS

234 LOCATION CITY OF FOWN

736 BURIAL CREMATION, REMOVAL Burial

23b. DATE ,1980 Cedar

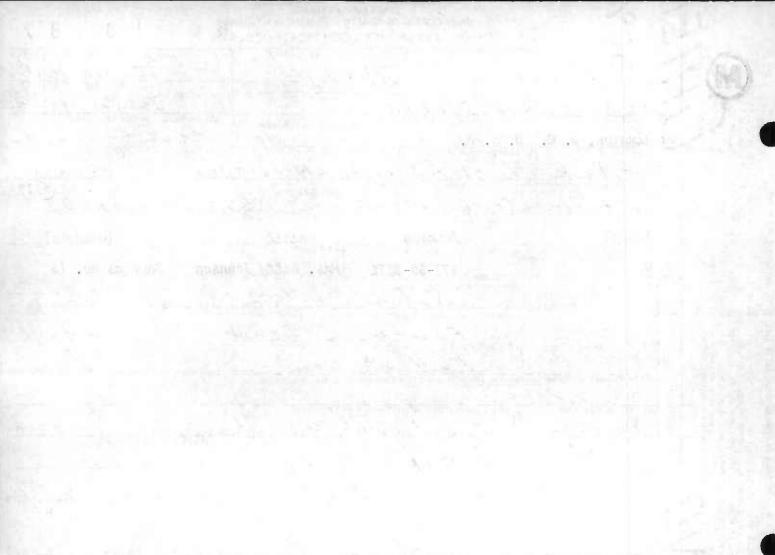
24 FUNERAL DIRECTOR Robert Pumphasey Funeral DHMH-16 25M (VRA 15, 4) 1/79 Bethesda, Maryland Homes

Cemetery Suitland Prince Ge
134 DATE RECD. BY REGISTRAR 754 BEGISTRAR'S SIGNATURE
AUG 0 4 1980 First McClass

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/-		1.	FOR STATE REGISTRAR	SHEET SHEET		E OF MARTLAND BEALTH AND MENTAL HYG BICATE OF DEATH	REG. N		8 6
	R	(TYPE	CRASED NAME OR PRINT)	ER LEE		nigan	2e DATE OF DEATH	7-26-80	26. HOUR 9:05
	W.	3. SE)	Male	Caucasian	S DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS MIN
neral din	fied at e	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) rth Carolina	76 CITIZEN OF WHAT COUNTRY?	L	D NEVER MARRIED X	BALTIMORE CITY O	GOMERY	Сси
y the fur	t be noti	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME C		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Security	OF WORKING LIFE) INDUSTRY	BUSINESS C
y filled in b	Ther mus		AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	/N	134 INSIDE CITY LIMITS? YESXIX NO	13e. STREET ADDRESS	gamore Road	
mpletely and 2 sho	dical exa		THER'S NAME FIRST Arthur B	MIDDLE LAST Jernigan	1	15. MOTHER'S MAIDEN NAI FIRST Margaret	ME	Marshby	
an and co	t, the me		Yes WW	II 577-22-	-4475	E. Lucille	Vaughan.		3
physicia papers.	atic event			nly ane cause per line far (a) (b), o ED BY. TE CAUSE (a)	dio	a aunt		APPROXIMATION OF THE PROXIMATION	NSET AND DEAT
attending	her trauma		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ENCE OF	Calm	Respiratory	failure 3	wks
d by the	ry. or oth		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	EN E OF	orn/su	nes	10	yrs
w requirements signed Then ple	nívi Aue	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110	,
v. the la li ste has be permit.	shows a	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (
hysician physician certifica al-transit	r Item 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
tending parties the buril	narked o	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
er at Ervan	m 21 is r		22e-1 certify that (I) (this hasp saw the deceased alive ar	otal) attended the deceased fram. July 26 19 at) view the body after death.	80	26 , 1980 nd that in (my) (aur) apinian	to July death occurred on the d		hat (I) (we) lo auses stated
the hosp the hosp ALOIRE etached f	IT: If Ite		226. SIGNATURE HE	> M		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	TAND N 26	/80
retained by TO FUNER should be di	PORTAN		22d PHYSICIAN'S NAME (TYPE OF	Ecrep W.D		9410 Q	ed you	day)	MI
BP	2	23a. B	Burial Burial			EMETERY OR CREMATORY Lncoln Cem.	Bladensb	urg, Maryla	STATE and
DHMH-16 (VRA 15, 4		24 FU		t A. Pumphrey Bethesda,		and AU	REC'D. BY REGISTRAR	25h REGISTRAR'S SIGNATU	JRE
		==						7	77

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		STATE REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. N	O. MONTH DAY	YEAR	2b. HOL
death .	(TYP	ROB!	ERT Edward	JOHNSON	12	7-28	-80	12. HOI
(Air)	3. SE	TALE	white	5. DATE OF BIRTH MONTH DAY YEAR 9	6 AGE (IN YEARS LAST JIK		NTHS DAYS	HOURS
	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	COUNTY O	Monte	rome
led within ust be noti	10 0	SETHESDA	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE) SURUR BA	1 14 6 4 6	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSIN
should be f	13a. M	STATE 136 COL	tgomery Rockvi	NN 13d INSIDE CITY LIMITS? YES № NO □ 15 MOTHER'S MAIDEN NA FRST	130. STREET ADDRESS 1215 Edm ME MIDDLE	onston		e
comp 1 and 1 and	16a.	Joseph was deceased ever in u.s. a		URITY NO. 17 INFORMANT	ADDRI	SS	Hawki	ns
Pages t, the n		YES, NO OR UNKNOWN) (IF YES, G	NE WAR OR DATES) 233 12	0822 F. Freeman J	ohnson 614	Monro	e St.	Mar
d by the att ase remove al, cremation y, or other		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	JENCE OF				
is been signed by it. Then please reprior to burial, cr. ws any injury, or	CATION	gave rise to immediate cause 101, stating the underlying cause last.	(c) CONDITIONS CONTRIBUTING TO	JENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USE
cate has been signed by 1 it permit. Then please re yignene prior to burial, cr 18 shows any injury, or	ERTIFICATION	gave rise to immediate couse 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	NGS USE OF DE A
certificate has been signed by a transit permit. Then please re tral Hygiene prior to burial, cr. Item 18 shows any injury, or	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 214 HOW INJURY OCCUR	200 AUTOPSY?	206. IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	NGS USE OF DE A
cate has been signed by 1 it permit. Then please re yignene prior to burial, cr 18 shows any injury, or	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	H OPERATION WAS PERFORMED OAY YEAR 19 1211 LOCATION	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES RY IN ITEM 18, PART	WERE FINDING CAUSES	NGS USE OF DE A NO
RECTOR: After this certificate has been signed by a for use as the burial-transit permit. Then please re bit of Health and Mental Hygiene prior to burial, or tem 21 is marked or Item 18 shows any injury, or		gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE TIME, INJURY OCCURRED WHILE AT WORK AT WORK TIME TO CONTRIBUTE AT WORK TIME TO CONTRIBUTE TO THE TOTAL TOTA	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	H OPERATION WAS PERFORMED OAY YEAR 19 1211 LOCATION	200 AUTOPSY? YES NO NOTE: RED (ENTER NATURE OF INJUITY OR TOV	20h IF YES, VIN CERTIFY III YES IN TEM 18, PART	WERE FINDING CAUSES I OR PART 2) COUNTY	NGS USE OF DEA NO [
L DIRECTOR: After this certificate has been signed by a sched for use as the burial-transit permit. Then please re bept. of Health and Mental Hygiene prior to burial, or it frem 21 is marked or Item 18 shows any injury, or		gave rise to immediate cause 1a1, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK AT WORK AT WORK OF D (1) (this hos)	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, pitol) attended the deceased from 19 10 11 11 11 11 11 11 11 11 11 11 11 11	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 21l LOCATION STREET 21c ADDRESS 22e ADDRESS	200 AUTOPSY? YES NOTED CITY OR TOV CITY OR TOV deoth occurred on the di DIRECTOR PHYSIC	20% IF YES, VIN CERTIFYII YES RY IN ITEM 18, PART MN 19 pate and hour o	COUNTY COUNTY	NGS USE OF DEA NO [
DIRECTOR: After this certificate has been signed by it ched for use as the burial-transit permit. Then please re Dept. of Health and Mental Hygiene prior to burial, or If Item 21 is marked or Item 18 shows any injury, or	MEDICAL	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE TWORK NOT WHILE AT WORK NOT WHILE AT WORK AT	CONDITIONS CONTRIBUTING TO IPE CONDITION FOR WHICH IPE CONDITION FOR	HOPERATION WAS PERFORMED 21c HOW INJURY OCCURI 19 FARM, ETC.) 211 LOCATION STREET , 19 Ond that in (my) 4000 opinion DECREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOTED CITY OR TOV CITY OR TOV deoth occurred on the di DIRECTOR PHYSIC	20% IF YES, VIN CERTIFYII YES RY IN ITEM 18, PART MN 19 pate and hour o	COUNTY COUNTY	NGS USE OF DEA NO [

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ION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page or attending physician.
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STATE OF MARYLAND

1 -	FOR STATE REGISTRAR	DEPAR	RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0	EG. NO.	18	5 8 9
	CEASED NAME FIRST	MIDDLE	LAST	2e DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
TYPE	SADIE	F112125	MOSAHOC HI	1	. 7	8 86	OGAM
. SE		RACE	5 DATE OF BIRTH	& AGE (IN YEARS I	AST ERTHOAY)	IF UNDER 1 YEA	AR IF UNDER 24 HRS
	Female	Black	APR. 22, 1902	78		YRS MONTHS DAY	
C	MD,	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	MON	UTG	OMEN	CY MD.
TA	KOMA PARK	NAME OF HOSPITAL, NURS (IF HOT IN SUCH FACILITY GIVE STRE WASHINGTO N.	er appressi Adventist Hosp	124 USUAL OCC (TYPE OF WORK FOR		(ING LIFE) 12b. KIND INDUSTR	O OF BUSINESS OR
13a S	AL RESIDENCE (IF NURSING HOME OR OTHE STATE 13b, COUNTY MODE		SOVING YES NO NO	3501	RESS	RBECK	K Rd.
4. FA	THER'S NAME FIRST JASO	N PRAT	115. MOTHER'S MAIDEN N	ILIE T	DRA	TT	LAST
6a. V	VAS DECEASED EVER IN U.S. ARMEI (ES, NO ON UNKNOWN) (IF YES, GIVE WA		CURITY NO 17 INFORMANT 4-2785 KAThering	e Snow	ADDRESS	15524 Silver.	Spring Md
Section 1	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO					
NO	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OF	CONDITIO	N GIVEN IN PART)(a)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY		IF YES, WERE FINE CERT IFYING CAUS YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	JRRED (ENTER NATURE	OF INJURY IN ITE	EM 18, PART 1 OR PART 2	2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	220-1 certify that (1) (this hospital) saw the deceased alive an above, (1) (we) (did) (did not) v	11/1/19	m 3/18, 19 8	on death occurred or	the date on		2, that (I) (we) last the couses stated
	VIIIO 0 0	R	DEGREE ATTENDING		STAFF		TE SIGNED
	22d. PHYSICIAN'S NAME (TYPE OR PRI	Bigger	220 ADDRESS	DIRECTOR 1	Th	Value of	140

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical ex

notified at once.

must be

DHMH-16 25M (VRA 15, 4) 1/79

Seorge /

230 BURIAL CREMATION, REMOVAL

236. DATE

ockville

231 NAME OF CEMETERY OF CREMATORY

23d LOGATION EDVOKTOWN

OCKVILLE MONTY

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1980

S & S | L B CONTINUES OF SECURITY STORY

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO CHRST MIDDLE LAST 2a DATE OF DEATH MONTH DAY YEAR 2h. HOUR DECEASED NAME LITTE OF PRINTS TODYAT PMM 3 SEX RACE S DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS MONTHS 78. BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY DIVORCED WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR NOT IN SUCH PACILITY, GIVE STREET ADDRESS] (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE LE NUESING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONA 1136 COUNTY 134 INSIDE CITY LIMITS? 130 STREET ADDRESS NO [IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUF TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20h IF YES. WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? per NOS YES [NO [00 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21s PLACE OF INJURY CITY OR TOWN COUNTY STREET STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 20 220.1 certify that (1) (this haspital) attended the deceased from... sow the deceased alive on ond that in (my) for opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the bady after death 226. SIGNATURE DEGREE 72c DATE SIGNED STAFF MEDICAL ATTENDING

PHYSICIAN PHYSICIAN

23d LOCATION

256. REGISTRAR'S SIGNATURE

22e ADDRESS

23c NAME OF CEMETERY OR CREMATOR

600

DHMH-16 25M (VRA 15, 4) 1/79

State

should be with the S MPORT

2

224. PHYSICIAN'S NAME (TYPE OR PRINT)

-Ina

23b. DATE

1.2.1 NENTGONIERY THE CONTRACT HOSTELTHAN THE HOSTELTHAN THE THE SHET THEN SHETELL MICKYLAND MENTENBEY SINDERFORM X 11785 COLLINSIN TINE JOHNES JULIA Lance (Same AS # 13

BURGE HATEL HAVE STORE GOVERN ELIZHBETHULLE, TENNA

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

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notified

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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- STATE REGISTRAR	DEPART	CERTIFIC	ATE OF DEA		REG. NO.	1 0	3	-
1. DECEASED NAME FIRST	MIDDLE	LAST			20. DATE OF DEATH MO	DAY DAY		2b. HOUR
(TYPE OR PRINT) Mildred	B	Kat	7		JULY -	7 2	80	1219Pm
3 SEX 4 RACE		5. DATE OF E	IRTH DAY	YEAR	6 AGE (IN YEARS LAST BIRTHD	AY) IF L	INDER I YEAR	HOURS MIN.
Female Wh	ite	8	11	23	56	YRS.		MIN.
78. BIRTHPLACE (STATE OR FOREIGN 76. CITIZE COUNTRY)	n of what country?	MARRIED A	NEVER MAR	RIED [9 BALTIMORE CITY OR	COUNTY OF	DEATH	
	S.A.	WIDOWERS			Montgomer	v Cour	ntv	MD.
	NE OF HOSPITAL, NURSIN		THER INSTITU	TION	12a, USUAL OCCUPATION (TYPE DIGAL FOR MOST OF V			PULIVESS OR
	7 Justin Wa				STENOGRAPH		RED C	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INST 130. STATE 13b. COUNTY	ITUTION, GIVE RESIDENCE BEFOR		INSIDE CITY	LIANITS?	13e. STREET ADDRESS			
Maryland Montgomer			4.4	0	707 Justin	Wav		more paid
14 FATHER'S NAME			MOTHER'S M		WE	14		
Morris Middle	Berg		Rae		MIDDLE	114	Wit.	ofskv
160. WAS DECEASED EVER IN U.S. ARMED FOR	CES? 166 SOCIAL SECT	URITY NO. 17	INFORMANT		ADDRESS	5		OLSKY
(yes, no or unknown) (if yes, give war or da ${f No}$	104-16-	5267	JACK L	. KAT	Z, same as #	13	-0	
18 CAUSE OF DEATH (Enter only one coupart I, DEATH WAS CAUSED BY:	se per line for (a), (b), or	nd (c)					BETWEEN O	NATE INTERVAL
IMMEDIATE CAUSE	Adenocarc:	inoma o	f the L	ung (3-80)		7-	2-80
1629 DUE	TO, OR AS A CONSEOU	ENCE OF						
Conditions, if ony, which	(b)							
gove rise to immediate cause (a), stating the DUE	TO, OR AS A CONSEQU	IENCE OF						
underlying couse lost	(c)							
PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO	THE TERM	INAL DISEASE OR CONDI	TION GIVEN	IN PART 10	1
190. DATE OF OPERATION 196.0								
19d. DATE OF OPERATION 196 (CONDITION FOR WHICH	HOPERATION V	VAS PERFORM	ED			VERE FINDIN NG CAUSES (
₩					YES NOT	YES [NO 🗌
	IME OF INJURY UR A.M. MONTH D		1c. HOW INJUI	RY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART	1 OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
U (AT H	PLACE OF INJURY		If. LOCATION		CITY OR TOWN		COUNTY	STATE
WHILE NOT WHILE AT WORK	one, orner, merour, orrice,							
220.1 certify that (I) (thus_haspital) often	ded the deceased from	Jyne 12		19.80	_, to	2, 19.		hot (I)_(we) lost
sow the deceased alive on obove, (I) (we) (did) (did not) view the	hody ofter death	80 , and s	hot in (my) (oc	m opinion o	death occurred on the date	ond hour or	nd from the c	couses stoted
22b. SIGN JOHE	1	DE	GREE				22c. DATE S	
Kuhand	WHAP	tmi	ATTI	SICIAN K	MEDICAL STAFF	ND	7- 7	2-80
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	1130	2	2e ADDRESS					
Richard W. Holt, M	.D.	В	800 Res	ervoi	r Rd., N.W.,	Wash.	D.C.	20007
23a BURIAL, CREMATION, REMOVAL 23b. DA		NAME OF CEM			23d. LOCATION			

BP. DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely illied in the the function should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the

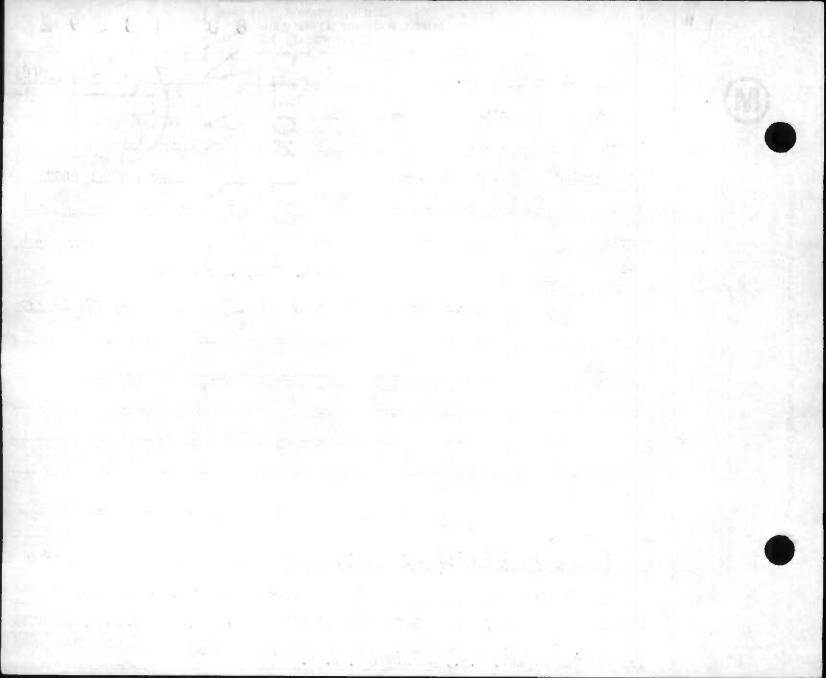
IMPORTANT: If Hem 21 is morked or Item 18 shows ony

(VR A 15 (4))

BURIAL 7/6/1980 DAVID CEMETERY

ELMONI, LONG ISLAND, NEW YORK

DATE REC'D. HEBREW MEMORIAL FUNERAL EET, N.W., WASHINGTON, D.



STATE OF MARYLAND



ASSES INCIDEN

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be eliminated by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use os the burioil-transit permit. Then please remove carbonapoers. Pages I and 2 should be filled within 72 hours after death with the force prior to buriol, crematon, are removed.
I E F 3 4

be notified of once.

IMPORTANT: If Hem 21 is marked or Hem 18 shows only injury, or other traumatic event, the medical examination

STATE OF MARYLAND

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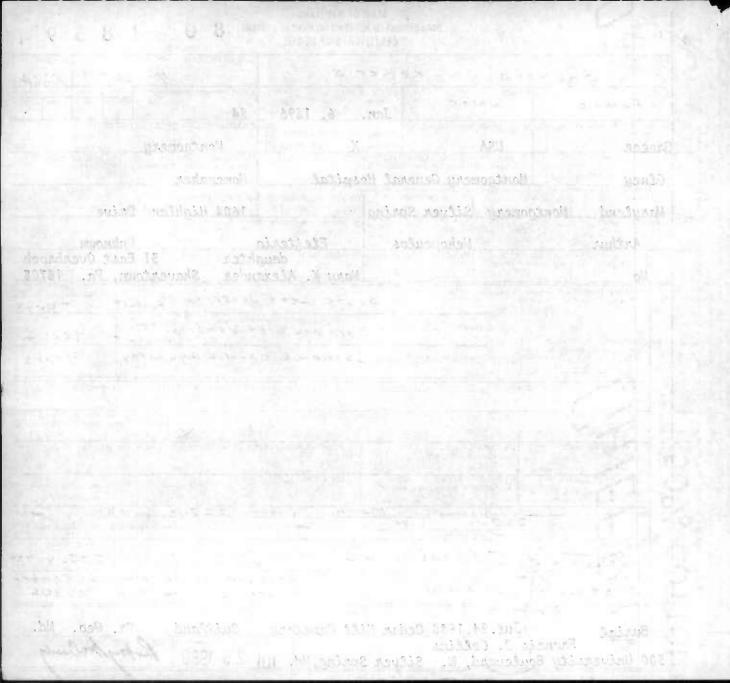
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1980

1	FOR - STATE REGISTRAR			HEALTH AND MENTAL HYD	GIENE 8 O	18	5 9	1 4
	PECEASED NAME FIRST	MID	DLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HO	OUR
1	BAR	BARA	KeKe	115		7- 22-	80 10	:11 Am
3. 5	5EX	4 RACE ~	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNCE	RIYEAR IFUN	DER 24 HRS
	Female	Whin			6.4	MONTHS	DAYS HOUR	S MIN
70	BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WI	Jar HAT COUNTRYS 8	1. 6. 1896	9. BALTIMORE CITY O	YRS.	ATM	
/0.	COUNTRY)	/B. CITIZEN OF WI		IED NEVER MARRIED	MALTIMORE CITT O	K COUNTY OF DE	АІП	
	reece	USA	WIDOV		Montgon			MD.
10	CITY OR TOWN OF DEATH		SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATE		KIND OF BUSI	INESS OR
10	lneu	Montgome	ru General I	Hospital.	Homemaker			
US	UAL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION, GI			13e. STREET ADDRESS			
					1604 High	and Drive		
	FATHER'S NAME	ntgomery Is	silver Spring	15. MOTHER'S MAIDEN NA	ME TOVA TILGILA	and brixe	<u> </u>	-
	FIRST	MIDDLE	LAST	FIRST	WIOOFE		LAST	
	Arthur		lehopoulos	Elefteri	a	Unkn		
160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	GOVE WAR OR DATES)	66. SOCIAL SECURITY NO.	17. INFORMANT dau	ghter ADDRE	ss 31 East	Overb	rook
	No			Mary K. Alex	ander Shav			3708
Г	18 CAUSE OF DEATH (Ente	er anly ane couse per lir	ne for (a), (b), and (c).)		4	Bi	APPROXIMATE IN	TERVAL ND DEATH
	PART I. DEATH WAS CA	USED BY: DIATE CAUSE (a)	A	acute Lett	ventricula	Failure		1245
	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last	b (b)	AS A CONSEQUENCE OF	Is chemic o		ESILORE	4e2	rs ers
N N		NT CONDITIONS CON	ITRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN IN F	PART 1(a)	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	on for which operati	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS US AUSES OF DE	ATH?
1 2	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR				
	02 40 40 40 40 40 40 40 40 40 40 40 40 40							
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	21e, PLACE OF	19	21f LOCATION			A CALL	
MEL	WHILE NOT WHILE AT WORK		T, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	'N COU	NTY	STATE
	270.1 certify that (I) (this b saw the deceased aliv above, (I) (we) (did) (di	e on 22 July		and that in (my) (m) opinion	death occurred on the do		, () (so) lost stated
	226. SIGNATURE Lustavs	S. Bell		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F	C DATE SIGNE	
	22d. PHYSICIAN'S NAME (T		VAI	22e ADDRESS Leis	sure work	d Medic	209	
230	I. BURIAL, CREMATION, REMO	VAL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION			
	(SPECIFY)			Hill Cemetery	Suitland	D#		Md.
24	BUTLIAL DIDECTOR TO				TE REC'D. BY REGISTRAR		GEO. I	114.
1	FUNERAL DIRECTOR Frai	rcis J. Col	CLASRESS .	0	0 = 1000	Distant.	Melhon	dy

500 University Boulevard. W. Silver Spring. Md.

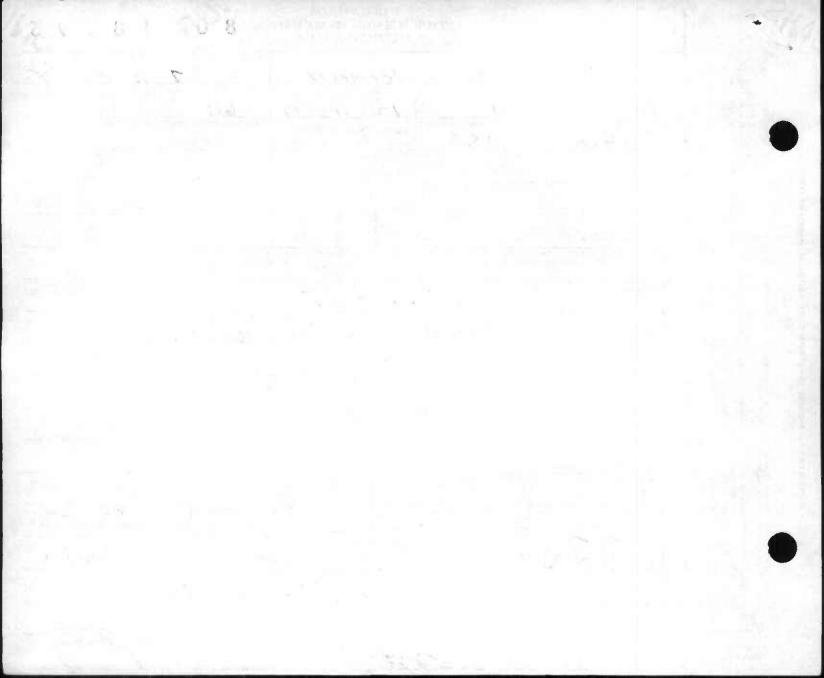
DHMH - 16 50M 7/77 (VR A 15 (4))



1	FOR - STATE REGISTRAR		STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	8 5 9 5
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE	LAST	28 DATE OF DEATH MONTH C	VEAR 26. HOUR
3 SI	Floyd	4 RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 4 HRS
once	m	W	MONTH DAY YEAR /2 1/ 19	60 YRS.	MONTHS DAYS HOURS MIN
₩ /n. t	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	OF DEATH
2 10 0		11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET, HOLY Cross H	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE MECHANIC	12b. KIND OF BUSINESS O INDUSTRY Auto's
130	ual residence (# nursing nome or state 136 coun aryland Montg	TY III CITY OR TOWN	ring YES A NO	13. STREET ADDRESS 3805 Delano St	reet,
Example 50	FATHER'S NAME Elmer	w. Kemer	er Jessie	AIDDLE	Donnal
the distribution of the di	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) YES WW	WARD FORCES? 166 SOCIAL SECU ST7-26-	l W	vife) ADDRESS Kemerer- (same	e as 13e)
c event,	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y ane cause per line far (a), Ibi, and BY.	dien Markat		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r other traumatic	Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	Myserdial	infaction	7-8-4-6
any injury, or other		ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
Shows TIFICA	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
60	OR CONTRACTING TO CAUSE OF DEA			RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
marked or Ite	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	saw the deceased alive an	ol) attended the deceased fram_19_5		death accurred an the date and hav	r and fram the causes stated 224. DATE SIGNED
IMPORTANT: II	224 SIGNATURE	may		DIRECTOR PHYSICIAN	7-11-80
MPORTANT: If Item 21	THE PHYSICIAN'S ANAME (THE OF	Bucy	809 UEIR	s mill Rd	
236	BURIAL, CREMATION, REMOVAL		ate of Heaven	Sil. Spring	COUNTY STATE Montgomery

DHMH-16 25M (VRA 15, 4) 1/79 8434 Ga. Ave., S.S. Md

Sil. Spring Montgomery Md. 250 DATE RECID. BY REGISTAR 250 REGISTRAR'S SIGNATURE



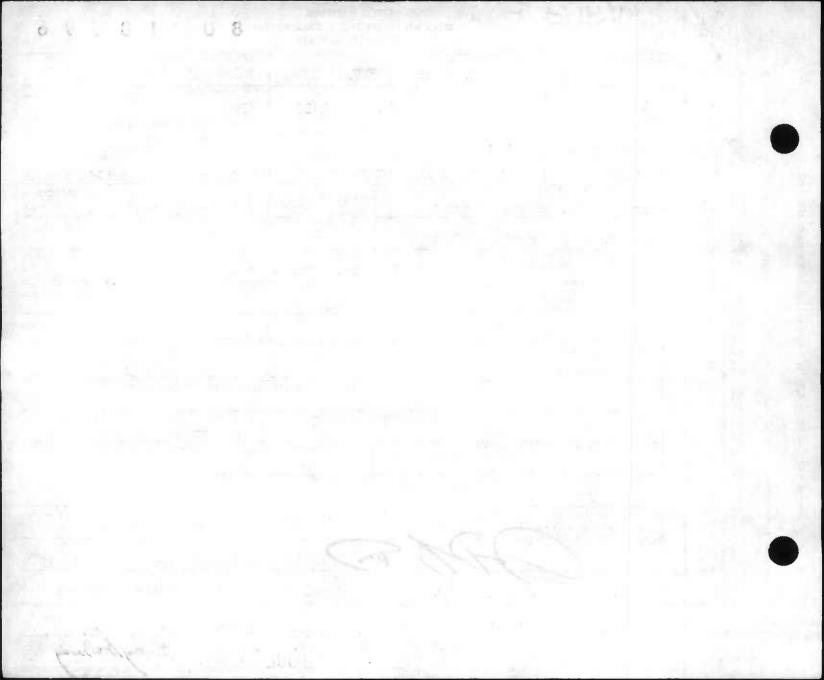
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

within 24 hours afte

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

L	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	0 0	
	DECEASED NAME	FIRST		WIDDLE		AST	20 DATE OF		DAY YEAR	2b. HOUR
L		George		Clarence	K	ENT	July	14	1980	1117A _M
3	Male Male		Caucas	ian	S. DATE C		57	ARS LAST BIRTHOAY)	MONTHS DAYS	HOURS MIN
70	BIRTHPLACE (STATE COUNTRY) Georgi		U.S.	WHAT COUNTRY?	MARRIE WIDOWE	DIE NEVER MARRIED		ntgome:		MD
	Bethes		NAME OF OF NATIO	HOSPITAL, NURSIN TH FACILITY, GIVE STREET A NAL NAVAL	G HOME C	CAL CENTER		OCCUPATION FOR MOST OF WORKING	G LIFE) INDUSTRY	of Business or c Health
1	Maryland		other institution	13c. CITY OR TOWN Laurel	ADMISSION) N	134. INSIDE CITY LIMITS?		DORESS Darwin I		ervice
ľ	Jonatl	nan	Morris	Kent		15 MOTHER'S MAIDEN N. FIRST Mary		/iola	Baker'	TZ
110	WAS DECEASED (YES, NO OR UNKNOW YES		MED FORCES?	255 16 8		Mrs. Ruth F	. Kent	ADDRESS See above	7e	
		stoting the couse lost	((c)	R AS A CONSEQUE		NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION	GIVEN IN PART 1	01
	190 DATE OF O	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY? 20b. IF	YES, WERE FINDI	
		AS UNDERLYING CAUSE OF DEA	un .		Y YEAR	21c HOW INJURY OCCU	RRED (ENTER NAT	URE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
	SE CONTRIBUTION (IF EITHER, NOTIFY 21d. INJURY OF	CURRED		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	sow the di obove, (f) (22b. SIGNATUR	eceosed olivery we) (did) (July June the box	de deceosed from 14 19 8	0 Su	22e ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	k July	14,1980
	1 4	17 1	N.	Li D.		National Na	val Medi	cal Cent	ter, Beth	esda, Md

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, FO FUNERAL DIRECTOR: After this certificate has 7/17/80 Union Cemetery Burtonsville 7601 Sandy Spring Rd DATE REC'D. BY REGISTRAN 11 15 16 Laurel, Maryland JUL 17 1980 Burial 74 FUNERAL DIRECTOR
Fleck Funeral HOme DHMH-16 25M (VRA 15, 4) 1/79



DIVISION OF VITAL RECORDS, 201 W. PRE	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
*TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician.	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diresthould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the attending physician and completely filled in by the funeral director reservance carbon papers. Pages 1 and 2 should be filed within 72 hours of removal.
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at	other traumatic event, the medical examiner must be notified at

STATE OF MARYLAND

5 DATE OF BATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

			-		4
	REG. NO.				
-	20 DATE OF DEATH MONTH	, 19	YEAR 80	26. HOL	R Z A
	AGE (MERKES LAST METHOAY)	IF UNDE	RIYEAR	UNDER	24 HR5
	65 YRS.	MONTHS	DAYS	HOURS	MIN
	BALTIMORE CITY OR COUNT	Y OF DE	ATH		
	Mentgemery				м

March Caucasian 76. CITIZEN OF WHAT COUNTRY? U.S.A.

MIDDLE

Jerome

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Washington Adventist Hespital

120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Coin Laundry Oper. Laundrymat

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Gaithersburg 13d. INSIDE CITY LIMITS? YES A

NO M 15. MOTHER'S MAIDEN NAME FIRST Ella

MIDDLE Miriam

25 Walker Avenue

Belt

In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW II

Montgomery

MIDDLE

Marion

LISE COUNTY

FIRST

4 RACE

FOR

REGISTRAR DECEASED NAME

Male

COUNTRY) Md.

13a STATE

TO BIRTHPLACE ISTATE OR FOREIGN

IR CITY OR TOWN OF DEATH

Takoma Park

George

Md.

14 FATHER'S NAME

- STATE

TYPE OF PRINTS

3 SEX

577-05-1972

LAST

Kephart

17 INFORMANT

ADDRESS 05 Diane Drive, Fenton Jerome Kephart, Jr. W. Chester, Pa

PART I. DEATH WAS CAUSED	ane cause per line for (a), (b), and (c), BY: CAUSE (a)	CARCENSOMA	BETWEEN ONSET AND DEATH 2 has a ten S
Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	PRIMARY	

cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

1% DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS	
			YES NO	YES 🗌	NO 🗌
218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	AN COUNTA	STATE

. and that in (my) (aur) apinion death occurred an the date and hour and fram the causes stated saw the deceased alive an, abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE

DEGREE ATTENDING MEDICAL STAFF PHYSICIAN T DIRECTOR PHYSICIAN 22c DATE SIGNED

224 PHISICIAN'S NAME (TYPE OF PRINT) KKLOW D RBC 22R ADDRESS

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial

24 FUNERAL DIRECTOR

7/15/180 Forest Oak Cemetery 316 Exss Diamond Ave.,

Gaithersburg

STATE

DHMH-16 25M

(VRA 15, 4) 1/79

BP

Gartner Sandison F.H.

Gaithersburg, Md.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME FIRST MONTH (TYPE OR PRINT) anet DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX RACE 92 MONTH 6 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) ont gomera 9 NC WIDOWED DIVORCED OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) tair 19 Nd 9 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET 3d. INSIDE CITY LIMITS? YES X NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY cardesvasen IMMEDIATE CAUSE to OR AS A CONSTQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF reusion underlying cause elli c 5 CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED bei NOF sha Mental Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES 🗌 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify the Whis hospital) attended the deceased fram. that (1) (we) last sow the deceased alive an_ and that in (my) (our) apinion death accurred on the date and hour and from the causes stated abave, (f) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DAJE SIGNED DEGREE DR. KEN TON ATTENDING MEDICAL STAFF PHYSICIAN P DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION FUNERAL DIRECTOR BY REGISTRAR 25b. REGISTRAR

2b. HOUR a

HOURS

126. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

DAYS

DHMH - 16 50M 7/77 (VRA 15 (4))

Should be detained by with the State D

MPORTANT:

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		OR PRINT!		F		KIRSC			Ze DATE OF DEAT	- MONIN		80	-4	
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nce.		MALE	5.7	WHITE	E	JUN		1896	84	YRS	MONTHS	DAYS	HOURS	MIN
d		RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY	1	D NEVER M		9 BALTIMORE CIT		TY OF DE	ATH		
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2	10 C	TY OR TOWN OF DEA	\тн 11.		HOSPITAL, NURSI CH FACILITY, GIVE STREE		OR OTHER INST	ITUTION	12a. USUAL OCCUP			KIND OF USTRY	BUSINES	SS O
10		RETHESDA AL RESIDENCE (IF NURS			DA HEALT		ER		AUDITOR		lu	.S. (<u> </u>	Τ,
35	13a S	MARYLAND	MONTGO		13c CITY OR TOV			NO []	1220 EAS		HIG	HWAY		
50		THER'S NAME FIRST	MIDE	DLE	KIRSCH B A	AUM	IS MOTHER'S	MST	ME	(UNA	SCER	TAIN	ABLE)
e med	láe V	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMAL	NT	AC	DRESS				
al.		YES	WW I		111-07-	7003A	FRAN	CESAKI	RSCHBAUM,	same a				
		18 CAUSE OF DEAT	H (Enter only o	one couse per	r line for (a), (b),	fiftee.	VI	.7/.	3			APPROXIMATELY ON	SET AND	EATH
matic		1.001	IMMEDIATE C		1	uper	1 1100	vaine		7 +	6	und	101	17
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		Canditions, if any, gave rise to im- cause to, statir	nediate	(b)	The court	TW PO	KIN PE	100		Cy Gu		1	,,,,	
		underlying couse		(c)_	R AS A CONSEQU	ENCE OF								
	_	PART 2 OTHER SIGN	HIF ICANT CON	-	ONTRIBUTING TO	DEALHORGE	NO) RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION G	IVEN IN P	ART I(a)		
_	CERTIFICATION		Die	yexa	2 (1)	OVI	Xu		I an antioners	Van IF V	ES, WERE	FILIDAL	26.11650	
2	FICA	19a DATE OF OPERA	IION	THE COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	IN CERT	TIFYING C		F DEATH	4?
(3)	ERT	21a. ACCIDENT WAS UNI	DERLYING T	21b. TIME C	OF INJURY		21c HOW IN.	JURY OCCURE	YES NO		YES D	PART 2	NO [
7	ICAL C	OR CONTRIBUTING	CAUSE OF DEATH		M. MONTH C	AY YEAR								
	MEDIC	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATIO	N	CITY O	1201141	COU	17W	STA	
	Z	WHILE NOT W	HILE C	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC }	STREET		CITO	TOWN	COO	411	214	IE.
		220.1 certify that (1)			12	D -	120	1970	, to	710	19	/ th	ot (I) (w	e)+o
		saw the decease above, (1) (mg) to	ed alive on	iew the body	ofter death.	\$0.00	nd that in (my)	our opinion	death accurred an th	e date and h	our and fr	om the co	ouses sta	te d
		226 SIGNATURE	_ /	/	0 //1)	DEGREE	TTENDING _		STAFF	220	DATE S	GNED	27
		224 PHYSICIAN'S N	AME (TYPE OR PR	INT)	7/00	/ /	22e ADDRESS		LOIRECTOR PH	SICIAN [(-(0-0	
1		DR/JASO	N GEIG	ER. M.	D.		8830 C	AMERON	STREET,	SILVER	SPRI	NG.	MARY	LA
1	23a. E	URIAL CREMATION,		23b. DATE		NAME OF C	EMETERY OR C		23d. LOCATION		COUNTY		STAT	**
		BURIAL		7/17/			EBANON		RY ADELP	HI, PR	. GEO	RGES	, MT).
A .	24 FI	MONALDOM.	STEIN	HEBRE	W MEMORI	AL FUN	IERAL HO	MEZS DATI	PREC'D. BY REGISTI	AR 25h. REGI	STRAR'S S	GNATU	RE	
79		232 CARRO	LL STR	EET, N	I.W., WAS	HINGIC	IN, V.C.	901	~ ~ ~ 1300		1		1	

BETHESDA AGAITH CHITEL ANDITOR U.S. 609'E. VUCVEAND MONTOUNERY SILVER SPRING XX E 1220 CAST HEST WICHMAY VES UN I STIFUT-7005A FRANCES KIRSCHSAUM, Sements 175.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2b. HOUR

HOURS

8:38A

IF LINDER 24 HRS

YEAR

IF UNDER 1 YEAR

80

DAYS

4 RACE 1 SEX Female THE BIRTHPLACE ISTATE OR FOREIGN Washington - D 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SILVER SPRING USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE TOUNTY

ELEANOR

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

MONTH White 10 12 IN CITIZEN OF WHAT COUNTRY?

KNEESSI

5. DATE OF BIRTH

MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION HOLY CROSS HOSPITAL

YES PT

YEAR

97

BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 12ª USUAL OCCUPATION

MONTH

REG. NO

2ª DATE OF DEATH

& AGE (IN YEARS LAST BIRTHDAY)

82

Housewife

8906 24th Avenue

MIDDLE

13. STREET ADDRESS

17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

MONTHS

DAY

113c CITY OR TOWN Pr Adolphi 14 FATHER'S NAME MIDDLE LAST Daniel 0.

I (IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0)

MIDDLE

Ruth

Drennan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.

Lucu 17 INFORMANT

134 INSIDE CITY LIMITS?

NO [

ARRES

IS MOTHER'S MAIDEN NAME

niece

Merrill Frances

Evelyn E. Leaman. 578-46-4859 same as 13 FIBRILLATION VENTRICVLAR 11. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic-

Canditions, if ony, which gave rise to immediate couse (a), stating the underlying couse

PART I. DEATH WAS CAUSED BY

(YES, NO OR UNKNOWN)

No

DUE TO, OR AS A CONSEQUENCE OF CORONARY DUE TO, OR AS A CONSEQUENCE OF

ATHEROSCLEROSI

APPROXIMATE INTERVA

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20h JE YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I

21d. INJURY OCCURRED 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK

22a | certify that (1)(this haspital) attended the deceased fram.

21f LOCATION STREET

CITY OR TOWN COUND

STATE

sow the deceased olive on_ abave, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE

DEGREE

1980

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

ATTENDING 27ª ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

, and that in (my) (aur) apinion death accurred an the date and hour and from the couses stated

22c DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT

GEORGIA AVE. SILVER SPRING, MD.

23d. LOCATION

200 AUTOPSY

NO

COUNTY

DHMH-16 25M

(VRA 15, 4) 1/79

(SPECIFY)

State

0

230. BURIAL, CREMATION, REMOVAL 23b. DATE

July 7. 1980 Rook Creek Comotony

23c. NAME OF CEMETERY OR CREMATORY

VAN

Washington

STATE

24 FUNERAL DIRECTOR Francis J. Collingers 500 University Blyd. W. Silver Spring.

ED 6 8 1 U 8 MEAN COMMENTS that the comment of t Shirmanot de la contrata del contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata del contrata del contrata del contrata de la contrata de la contrata de la contrata del contra Table 1.00 Mo STE-4-1650 Evolum E. Lennum Lennum 13 The second secon

(VRA 15. 4) 1/79

STATE OF MARYLAND

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 minetained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	at th	the emo
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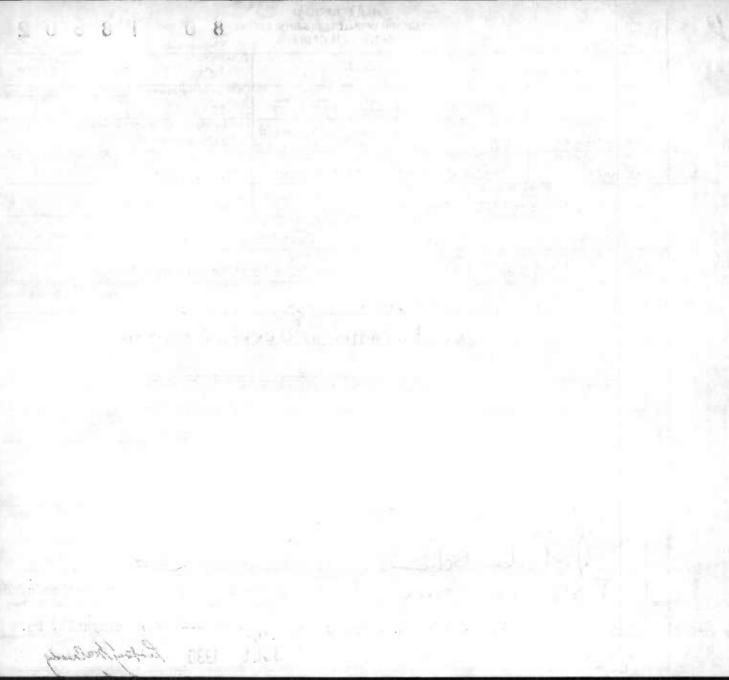
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or Item 18

MPORTANT:

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH 2h HOUR MIDDLE I. DECEASED NAME (TYPE OR PRINT) 3:55P 1980 KOSACK July Raymond Lee 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IE UNDER I YEAR IF UNDER 24 HRS 4 RACE 3. SEX HOURS MONTH DAY YEAR Male Caucasian 24 1958 March **BALTIMORE CITY OR COUNTY OF DEATH** 76. CITIZEN OF WHAT COUNTRY? Ja BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Montgomery Pennsylvania USA DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY National Naval Medical Center U. S. Navy Bethesda USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS Route 1, Box 93 Pennsylvania Schuykill Pine Grove YES [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Josephine Herring Kosack Mary Joseph ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT [[IF YES, GIVE WAR OR DATES] (YES, NO OR UNKNOWN) 210 42 9255 Josephine Mary Kosack see item 13 1975 - 80Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 14 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY RESPIRATORY ARREST IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF NEUROPATITY OF UNKNOWN URIGIN Conditions, if only, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 20h. IF YES, WERE FINDINGS USED 28a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOTE YES T NO [21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 10 211 LOCATION 21d. INJURY OCCURRED 71e PLACE OF INJURY COUNTY STATE STREET CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 80 22a. I certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on July 3 1080 and that in (fry (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did fot) view the body ofter death 22c DATE SIGNED DEGREE 226. SIGNATUR MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN XX PHYSICIAN | 22d. PHYSICIAN'S NAME (TYPEOB RINT) National Naval Medical Center, Bethesda, Md. 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION, REMOVAL 23b. DATE Freidensburg, Schuykill, Pa. (SPECIFY) July. 7,1980 St. Johns U C C Burial 25a. DATE REC'D. BY REGISTRAR 25b. 24 FUNERAL DIRECTOR JUL 9 W. Chambers Co. 1980 Silver Spring, Md.

DHMH-16 25M (VRA 15, 4) 1/79



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	0	i	8	6	0	3
CERTIFICATE OF DEATH		250 110		-31			

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	11 11	REG. NO.			27		
1. DECEASED NAME	FIRST	M	IDDLE	·	AST	2e DATE OF		D HTMC	AY YEAR	26. HOU	IR	
(TYPE OR PRINT)	Nicho:	las	(nmn)	Ko	smas		7, 1			10		
Male Male		RACE White		5. DATE O	H DAY YEAR	6 AGE (IN YE	RS LAST BIRTHD		IF UNDER 1 YEAR	_	24 HRS MIN	
70. BIRTHPLACE (STATE COUNTRY) Greece		CITIZEN OF V	WHAT COUNT	RY? 8 MARRIE WIDOWS	D NEVER MARRIED	9 BALTIMOS Mon			of DEATH	Y	W	
Bethesda		LIF NOT IN SUCH	HOSPITAL, NUI HEACILITY, GIVE ST Cal Ce	REET ADDRESS)	NIH, Beth.	120. USUAL CO		VORKING LIFE		OF BUSIN	ESS OR	
USUAL RESIDENCE (# 130 STATE Greece	136 COUNTY	HER INSTITUTION,	GIVE RESIDENCE B 13c. CITY OR T Arta	EFORE ADMISSION)	134. INSIDE CITY LIMITS?	63A	DDRESS Voric	u Ir	pirou	Str	eet	
Theodo	sia MD	DDLE	Kosma	1.5	Athanasi		WIDDLE	La	ambro	AST		
160 WAS DECEASED E (YES, NO OR UNKNOWN NO	ER IN U.S. ARME		N/A		Mr. Theodo	sia Ko	ADDRES:		her)	Add. as Pa	_	
underlying c	immediate paring the puse last.	DUE TO, OF	RAS A CONSE Cute F ONTRIBUTING	Hepate GUENCE OF Renal I	Failure	RMINAL DISEASE	OR COND	ITION GIV	2	Days Days		
Conges 190 DATE OF OP 210. ACCIDENT WA								IN CERTIF	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?			
OR CONTRIBUTING (IF EITHER NOTIFY A 21d INJURY OCC WHILE N	CAUSE OF DEATH	P.I	M. MONTH	DAY YEAR 19 FICE, FARM, ETC.)	211 LOCATION STREET	URRED (ENTER NA	CITY OR TOWN		COUNTY		TATE	
220.1 certify the sow the de obove.40r(v 22b. SIGNATURE		ottended the	71	om June 19_80	25 , 19_8(and that in our) opinion DEGREE						toted	
K	S NAME (TYPE OR P		, vu		220 ADDRESS Nat:	onal I	nsti	tute	s Of			
KARL	7. K	ARLSI	on,	M	Clinical			thes	da, M	d 20	205	
230 BURIAL, CREMATI (SPECIEV) Remov.	ON, REMOVAL	7/11		23c. NAME OF	CEMETERY OR CREMATOR	Art.	NOIT RIOWN B		COUNTY	Greë	ice.	

DHMH-16 25M (VRA 15, 4) 1/79

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diret should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

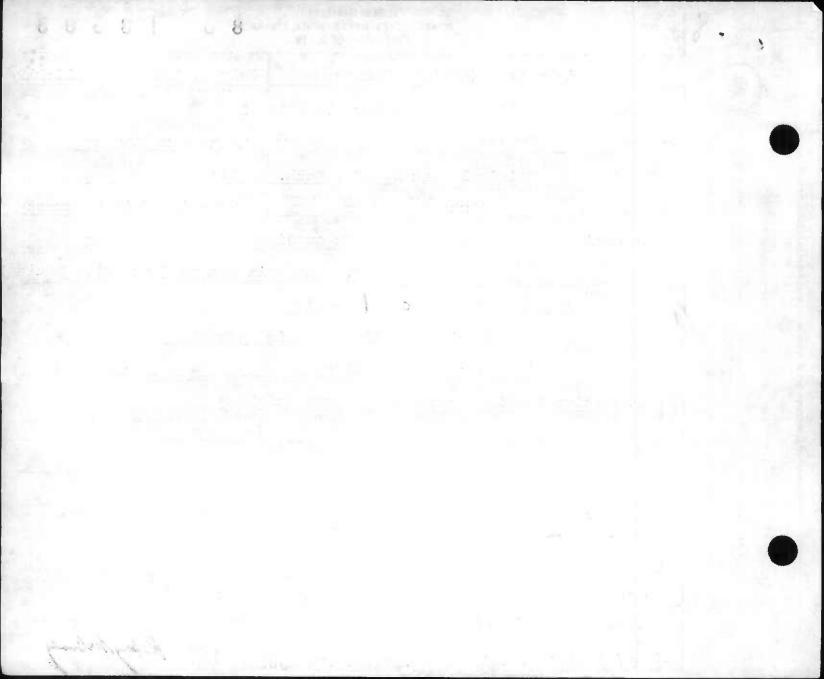
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dee retained by the hospital or attending physician.

FOR

24 FUNERAL DIRECTOR
Hines/Rinaldi F.H.11800

ADDRESS N.H.Ave.S.S.Md 1980

250 DATE REC'D. BY REGISTRAR 256. RESSTRARS SIGNAT



		STATE REGISTRAR		DEI ARTI		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.	0 0		
1 (7		EASED NAME FIRST	Jean	M.		^Kossarides	28 DATE OF DEATH	-	AY YEAR	Zh HOUR	
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3	SEX	male	4 RACE whi	te	5 DATE C		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 H	
		Male	Cano	casia-	Dec	14 ,6214	55	55 YRS. MONTHS DAYS HOURS			
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01	Ne	ew Jersey	U. S.	A.	WIDOWE		Montgom	erv			
10	CIT	Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	NG HOME C	OR OTHER INSTITUTION	12s USUAL OCCUPAT			F BUSINESS	
10	_	ethesda		ban Hospit			Consultant		marke	ting	
U:	SUAL 30 ST	RESIDENCE (IF NURSING HOW ATE 136 CO	AE OR OTHER INSTITUTION OUNTY			113d. INSIDE CITY LIMITS?	13. STREET ADDRESS				
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	FAT	HER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	WIDDLE		, LAS	ī	
5/ 16c		Jean		Kossar	ides	Susan			Dr	aper	
160	d W	AS DECEASED EVER IN U.S. S. NO OR UNKNOWN) (IF YES.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	21 Mea	dower	ft Cour	t	
	у	es V	GIVE WAR OR DATES)	156-16-8	3170	June Kossari	des Gaither	sburg	Maryl	and	
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		1519	DUE TO, C	R AS A CONSEQUI	ENCE OF				111		
à		Conditions, if ony, which		395t1	ric	Carcino	~ q		170	~0	
		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEOU	ENCE OF						
		underlying couse lost (c)									
oN		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
		A 1									
70		Azote.	MI GOND	ITION FOR WHICH	OPERATIO	NI WAS DEDECTRATED	Tan AUTOPSY2	TAL IF VES	WERE FINDIN	ICS LISED	
2		A ZOTE.	196 COND	1	1	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?	
NO. TO STATE OF THE PARTY OF TH		A Zote. 10 DATE OF OPERATION G/18/79	Tota	. Gast	operatio	y Cartinona	YES NO X	IN CERTIFY	ING CAUSES		
910	CERTIFICATION	A ZOFE. 90 DATE OF OPERATION G/18/79 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	196 COND TOTE 216 TIME C F DEATH HOUR A	OF INJURY	recto-	Mastric	YES NO X	IN CERTIFY	ING CAUSES	OF DEATH?	
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STATE OF MARYLAND

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3.3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 nours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once. AMEDICAL CERTIFICATION MEDICAL CERTIFICATION INDOMESTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once. AMEDICAL CERTIFICATION INDOMESTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once. AMEDICAL CERTIFICATION INDOMESTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once. AMEDICAL CERTIFICATION INDOMESTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once. AMEDICAL CERTIFICATION INDOMESTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.				11	- STA REG
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	5. DATE C				. AGE (IN YE	ARS LAST BE	RTHDAY)	-	RIYEAR	IF UNDE	
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F WHAT COUNTRY?	I.	T) NE	VER MARRIED		BALTIMO	RE CITY	OR COUN	TY OF DE	ATH		
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F HOSPITAL, NURSIN				N	120 USUAL	OCCUPA	TION	12b.		F BUSIN	ESS OR
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ON, GIVE RESIDENCE BEFORE		13d INSI	DE CITY LIMI	ITS?	13e. STREET .	ADDRESS					
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			15015		-						

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10		
	CEASED NAME	FIRST	A	AIODLE	L	LAST	20 DATE OF			DAY YEAR	26 HOUR
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3 SE	х		4 RACE		5. DATE C		A. AGE (IN YE	ARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Fe	male		Caucas	ian	Oct.		61		MONTHS DAYS	HOURS MIN	
	RTHPLACE ISTATE OUNTRY) Georgia	OR FOREIGN	USA	WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED	Manta			Y OF DEATH	MD.
	ITY OR TOWN OF Bethesda				NG HOME C	or other institution cal Center	120 USUAL C (TYPE OF WORK Cle	FOR MOST		FE) INDUSTRY	of Business or store
130.	al RESIDENCE (* STATE laryland	M30 500	ROTHER INSTITUTION, NTY Arunde	GIVE RESIDENCE BEFO 134 CITY OR TOV L Harwo	WN	134 INSIDE CITY LIMITS?	130. STREET / 154 P		igho us	e Road	
14. F/	William	1	MDDLE . MOS	Ketchu	m	15 MOTHER'S MAIDEN N FIRST Lillie		WIDDLE		Exley	
	WAS DECEASED E		MED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT		ADDR	ESS		
	No	(216 30	5510	James F. Kr	eitzer	See	item	13	
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FOR STATE REGISTRAR					DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE	8 0 REG.	NO.	1	8	6	0	6
I. DECEASED NAME	4	FIRST	1	MIDDLE	1	LAST	2e DAT	E OF DEATH	MONTH	DAY	YEAR		2b. HOU	RT

5. DATE OF BIRTH

(TYPE OR PRINT)

4 RACE

ď Mental Hygiene State

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MONTH YEAR MONTHS DAYS HOURS Feb 1896 84 YRS 7. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** ISTATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED New York Mantaamore ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Fairland Nursing Home ilver Spring Project Director USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? D.C. 2122 Massachusetts Avenue N.W. Washington YES X NO [4 FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE aurencello Ginaras Alphonse Louis 64 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO daughter 6512 North Newgard Av (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Laurencelle Chicago Yes $\omega\omega T$ -03-083 APPROXIMATE TERVAL 18. CAUSE OF DEATH (Enter only one couse per line for lak (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying last couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 20e AUTOPSY 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO [NO 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 ö 211 LOCATION 21d. INJURY OCCURRED 21 PLACE OF INJURY ked (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220 | certify that (1) (this hospital) attended the deceased from that (1) (we) tast sow the deceased alive on obove, (1) (wested) (did not) view the body after dear ond that in (gry) for opinion death occurred on the date and hour and from the couses stated 27h SIGNATUS GREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN 220 ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) should be with the S IMPORT 23a. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) CITY OR TOWN COUNTY STATE Brooklun 24 FUNERAL DIRECTOR Francis J. Collinsoness 250. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SCHATURE DHMH-16 25M 1980 University Blvd., W. Silver Spring, (VRA 15, 4) 1/79

Mas binosen X - 2125 Massenhaecta Avenue, M. M. Louis Acheuse Leurence Contunt ter 157 th Anna and No. 157 th Anna and No. 158 th Anna A 1936 Links Canada Commission Federland Kings N.M. Extends Linking Mills and Linking The Control of the Contro

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L		Ovion	J-	6-2	urenc	DEATH A	MATED LITURAL	124 19	800
3. S	EX	/	DATE OF BIRTH	. AGE (IN YEARS IF UN	DER 1 YR. IF UNDER	R 24 HRS. 2c. DATE MIN. PRONOUNC	ED - /	DAY	YEAR 70
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2 70.	FOREK	GN COUNTRY)	. CITIZEN OF WHAT COUNT	RY?	ED NEVER MARR	NED . BALTIMO	RE CITY OR COUN	NTY OF DEA	TH
2		SEINIA	4:0,14	WIDOW			onto	Esm	er)
10.	CITY	OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVESTR)	SING HOME, OR OTH PET ADDRESS)	ER INSTITUTION	12a. USUAL OCCUPA FOR MOST OF WORKII	NG LIFE)	12b. KIND (OR INI	OF BUSIN DUSTRY
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	UAL F	RESIDENCE (IF IN NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	7804	CARRO	141
	1	12 Mei	not tex	Park	YES NO	200	1-650	12n	XX
14.	FATH	IER'S NAME FIRST A	AIDDLE LA	ST	15. MOTHER'S MAID	ENNAME	DIE	LAST	
20		T MOT		2 ENCE	Not	1	4	End!	
16a.	WA	S DECEASED EVER IN U.S. ARMEI	D FORCES? 16b. SOCI	AL SECURITY NO.	17. INFORMANT		ADDRESS	101	
	(120,	No	577-	07-41834	IRA W.	INRENCE	LORTO	N. VA	4
	18		ane cause per line for (a), (b),	and (c).)				APPRO	XIMATE INT
		PART I DEATH WAS CAUSED B	Y: 610.14	emy	10CaL	121	Dis	BEIWEEN	UNSELAN
	1	4291	DUE TO, OR AS A CONS	EQUENCE OF					
	1	Conditions, if any, which gave rise to immediate	(b)						
		cause (a) stating the under-	DUE TO, OR AS A CONS	EQUENCE OF					
13		lying cause last.	(c)						
	P.	ART 2 OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATE	O TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PA	ART 1 (a).			
Z			-6						
CERTIFICATION	10	a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION W	AS PERFORMED?			20. AUTO	OPSY?
길볼		None					1	YES	
3 8	21	a EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HC	OW INJURY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR P		
		NDERLYING OR ONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH (
MEDICAL	21	d. INJURY OCCURRED	21e. PLACE OF INJURY		CATION				
×	V	T WORK AT WORK	STREET, FACTORY, FARM, ETC	.) s	TREET	CITY OR TOWN	CC	OUNTY	
	A						7		
		22a. I certify that I took charge a		, held an Autop	sy 🔲, Inspectio	Inquiry L	, and in my a	pinion	
		death resulted fram: Natural	causes Accident L	, Suicide	, Hamicide	Undetermined man	ner,		
		CTUAL	0 00		TITLE (SPECIFY)		DATE	Jal	07-1
	5	GNATURE	21/	15 germ	song-	MEDICAL EXAMIN	SIGN	150-7	4
7		AMINE & NAME		0 1	,				
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73u.	BURG	AL CREMATION, REMOVAL 138.	DATE 1000 100	ME OF CEMETERY O		234 LOCATION	, 00	977	9349
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modical examiner must be notified at most	Je BIRTHPLACE ISTATE OR FOREIGN COUNTRY Arkansas: 10 CITY OR TOWN OF DEATH Kensington USUAL RESIDENCE F NURSING HOME 130 STATE MO Mont 14 FATHER'S NAME FIRST James	76 CITIZEN OF U.S 11. NAME OF I JE NOT IN SUC 10225 DR OTHER INSTITUTION JINTY gomery	MATE WHAT COUNTRY? A. MARRIWIDOW HOSPITAL, NURSING HOME HACKINT, GWE STREET ADDRESSION GWE BESSIGNECE BEFORE ADMISSION 13c. CITY OR TOWN	DAY YEAR 14 1907 ED NEVER MARRIED OR OTHER INSTITUTION	73 9 BALTIMORE CITY OR CO Montgomery 176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOMEMAKEY	YRS. DUNTY OF DEATH	MOD OF BUSINESS O
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medical examiner	Ma Mont H FATHER'S NAME FIRST James	gomery	13c. CITY OR TOWN				
medical e	James James	MIDDLE		YES NO	10225 Kensing	gton Pkwy	
	IAN WAS DECEASED EVER IN ITS A		uast Ogg	15 MOTHER'S MAIDEN NAME FIRST Pearl	MIDDLE	Bookfie	last 1d
d		RMED FORCES? NE WAR OR DATES)	579-68-4555	James Leasu	re. 9903 Ferny	wood Rd.,	Betheso
ıy injury, or otl		(c)_	R AS A CONSEQUENCE OF	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIO	ON GIVEN IN PART	l(a)
ows any is	190 DATE OF OPERATION 190 DATE OF OPERATION 190 ACCIDENT WAS UNDERLYING	me_ 196 COND	ITION FOR WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY? 20b	. IF YES, WERE FIN CERTIFYING CAUS	DINGS USED
(1)	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED	EATH HOUR A. R) P. 21e PLACE	M. MONTH DAY YEAR		YES NO RED (ENTER NATURE OF INJURY IN IT	YES	NO STATE
If Item 21 is ma	WHILE AT WORK	n Ju	9 20 19 80	nd that ir (my (aur) apinian DEGREE			the causes stated
IMPORTANT	224 PHYSICIAN'S NAME (TYPE	Uma	hau MD	ATTENDING PHYSICIAN 270 ADDRESS COMM	MEDICAL STAFF DIRECTOR PHYSICIAN AND Char 1234 LOCATION	Alese	124/80 MS. 2
_ 1	236. BURIAL, CREMATION, REMOVA (SPECEY) BUTIAL 24 FUNERAL DIRECTOR JOSE 5130 Wisc. Ave	nh Gawler	.980 Holy F	Rood Cemetery	Washingto	D.C.	ATUE COLLARS

STATE OF MARYLAND

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14 hours 14 hours 14 hours 15	500
bs, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 quires that the death certificate be executed within 24 hours offer death. Page 4 m. signed by the ottending physicion and completely filled in by the tuneral director, none has please remove carbon papers. Page 2 should be filed within 72 hours ofter death ior, or removal. The place of the strough of the place of the medical examiner must be notified at once.	
ond com oges for rediction	0.
BALTIN icote be icote be oppers. P ovol.	
ron st., ron st., or rem motic eve motic eve	
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DS, 301 W. PRESTON ST., BAL. quires that the death certificate signed by the ottending physici hen please remove carbon paper to burial, cremation, ar removal. jury, or other troumatic event, the introduction of the plant of	2

should be detached for use os the burial-transit permit. Then please remove co with the State Dept. of Health and Mental Hygiene priar to burial, cremation,

IMPORTANT, If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate hos been

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or offending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER

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	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	8 6	0 9
	1. DEC	CEASED NAME FIRST OR PRINT) SHER	V	(DIDE	LE	AST	TULY 5	1980	26. HOUR 5:10+ M
,	3. SEX	1	RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
V	54	M	Orient	al	MONTH O1	OI OB	12	YRS. DAYS	HOURS MIN
2		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF V	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BANTIMORE CITY OR CO	OUNTY OF DEATH	
Z			United	States	WIDOWE		MONTGO	MERY	MD.
11	10 cr 51	LVER SPRING		OSPITAL, NURSIN	DDRESS) .	FOSPITTL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Retired-Owner	RKING LIFE) INDUSTRY	
0	130. S			GIVE RESIDENCE BEFORE 131 CITY OR JOWN WHEAT		YES NO	130. STREET ADDRESS	1 TERR	
3	14. FA	THER'S NAME FIRST ME	DDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	LA	ST
1			wk	Din		Lok		She	ee
1		(AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS	Spring, Md.	20906
V	N	О		578-46-9	292	David Lee(son	n) 2428-East (Silver
NEE MOFI	7	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR (b) DUE TO, OR	AS A CONSEQUE	NCE OF	DIAL INFAL OTENTO SEL H NOT RELATED TO THE TERM	EROYIC HEART DISEA		Y175
H / W/	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDI CERTIFYING CAUSE: YES []	
150		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2)	
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
10-11		220.1 certify that (I) (this hospital saw the deceosed olive an obove, (I) (me) (elid) (did not)				id that in (my) (our) opinion c	deoth occurred on the dote a	nd hour and fram the	
17		276 SIGNATURE	prest	ant ?	0	DEGREE ATTENDING PHYSICIAN HE. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN		5/80
	22.0	1, 1, 0	TOUT	122- N	AME OF C	10829 - GE	ORGIA AUE.	WhEAton	, Md.

DHMH-16 60M 1/73

(VR A 15 (4))

(SPECIFY)
Burial Burial July 13,1980 George Wash. Cemetery Adelphi. Maryland

14 FUNERAL DIRECTOR

J. WM. Lee's Sons Co.300-4th St., NE, Wash., DC20002 JUL 10 1980

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	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
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6	TO HOSPITAL 34 ATTENDING PHYSICIA
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		FOR		STATE OF MARYLAND T OF HEALTH AND MENTAL HYG	HENE O (1)	10/10
	1-	STATE REGISTRAR		ERTIFICATE OF DEATH	•	18516
	I DEC	CEASED NAME FIRST	MIDDLE	LAST	REG. NO	O. MONTH DAY YEAR 25 HOUR
		ORPRINTI SAME	the asmis t	ESSANS	July	18,1980 9 4/4
	3 SEX	9111101	4 RACE S E	DATE OF BIRTH	6 AGE UN YEARS LAST BIRT	HOAY) IF UNDER 1 YEAR IF UNDER 24 HR
1 8		Male	White	MONTH DAY YEAR 9 3 99	80	MONTHS DAYS HOURS MIN
	7e. BIF	RITHPLACE ISTATE OR FOREIGN DUNTRY	7% CITIZEN OF WHAT COUNTRY? USA - Naturaliz wi	ARRIED DENEVER MARRIED DOWED DOWNED D		R COUNTY OF DEATH DMery County
t be not		ry or town of DEATH	11. NAME OF HOSPITAL, NURSING HE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE Washington Advent	OME OR OTHER INSTITUTION ESS)	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Electrical	ON 125. KIND OF BUSINESS (
Junes mu	USUA 130 S	AL RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM UNTY 13t. CITY OR TOWN Bethesda	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 7420 West	Lake Terrace
realexan	14. FA	THER'S NAME FIRST Max	MDDLE LAST Lessans	15 MOTHER'S MAIDEN NA First Miriam		Marder
the med	(Y	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SECURITY 215-07-991		ADDRE	ss
a		IMMEDI	IATE CAUSE (a)	at More	NY	10 min
injury, or other traum	z	Conditions, if ony, which gave rise to immediate couse 01, stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) T CONDITIONS CONTRIBUTING TO DEAT	tem for	AINAL DISEASE OR CON	about 67
shows any injury, or	TIFICATION	gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE	tem for E OF H BUT NOT RELATED TO THE TERM 18 hema four	AINAL DISEASE OR CONI 200 AUTOPSY? YES \(\) NO \(\)	DITION GIVEN IN PART 1101 201. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Item 18 shows any injury, or	CAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse lost PART 2 OLHER SIGNIFICAN The Henry Court of the country o	T CONDITIONS CONTRIBUTING TO DEAT 196 CONDITION FOR WHICH OFF 216. TIME OF INJURY HOUR A.M. MONTH DAY	H BUT NOT RELATED TO THE TERM THE MAN WAS PERFORMED 1216. HOW INJURY OCCUR	200 AUTOPSY?	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
18 shows any injury, or	CAL	gave rise to immediate couse a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	T CONDITIONS CONTRIBUTING TO DEAT 196 CONDITION FOR WHICH OFF 216. TIME OF INJURY HOUR A.M. MONTH DAY	H BUT NOT RELATED TO THE TERM THE MAN WAS PERFORMED YEAR 19 211. LOCATION	200 AUTOPSY?	20%, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NOTITEM 18, PART 1 OR PART 2)
If Item 21 is marked or Item 18 shows any injury, or		gave rise to immediate couse G stating the underlying couse lost PART 2 OLHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF ETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OF CONTRIBUTING OR CONTRIBUTING ON COURTED AT WORK NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION O	DUE TO, OR AS A CONSEQUENCE (c) T CONDITIONS CONTRIBUTING TO DEAT 196 CONDITION FOR WHICH OFF DEATH ER) 216. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, I	THE BUT NOT RELATED TO THE TERM THE MEMBERS OF THE TERM THE TER	200 AUTOPSY? YES NO CENTER NATURE OF INJUING CITY OR 10W	20%. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY COUNTY STATE 19 21c. DATE, SIGNED
Item 18 shows any injury, or	WEDICAL	gave rise to immediate couse IoJ, stating the underlying couse Iost PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET CAUSE OF CHEET CAUSE OF CONTRIBUTING CAUSE OF CHEET CAUSE OF	T CONDITIONS CONTRIBUTING TO DEAT 196 CONDITION FOR WHICH OPF 216. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM.) 199 CONTRIBUTING TO DEAT 19 CONTRIBUTING TO DE	THE BUT NOT RELATED TO THE TERM THE MAN WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR FOW CITY OR FOW deoth occurred on the de	20%. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY COUNTY STATE 19 21c. DATE, SIGNED

La Parke

		FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 8 6 1 CERTIFICATE OF DEATH REG. NO.
0		CEASED NAME ON PRINT	A RACE S. DATE OF DEATH MONTH DAY YEAR 26 HOUR 1 S. DATE OF DITTH 6 AGE (IN YEARS LAST RITHDAY) 1 FUNDER LYEAR HUNDER 24 HIS
d at ones		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH
benotifie	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12% USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) WIDUSTRY
niner must	USU 13a. S	TATE 136 COUN	Herman M. WIBON Centur Teacher Education OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 131. INSIDE CITY LIMITS? 131. STREET ADDRESS 11424 Sceneur Place
nesteal exam	14. F/	THER'S NAME	MDDLE Cachiners Last First Lucy Agramote
event, the me	16a V	VAS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN] 1 # YES, GIVE	
or to burial, cremation, or remany injury, or other traumatic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (b) METAS TATIC DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
shows	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Aental Hygor Item 18		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH DAY YEAR
th and A marked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21 LÖCATION STREET CITY OR TOWN COUNTY STATE
t, of Heal tem 21 is		sow the deceased alive an obove, (1) (we) (did) (did no	i) view the bod∮ ofter death.
with the State Dept. of		226. SIGNATURE PAREL 226. PHYSICIAN'S NAME (TYPE OF	PRINTING ATTENDING MEDICAL STAFF 7/30/8
with the S	23a 8	Dr. Michael URIAL CREMATION REMOVAL	Bolognese 1926 (Montegomery Villiage One
		Burial NERAL DIRECTOR	8/1/80 Gate of Heaven Cemetery Towsilver Spring Mary:
16 25M , 4) 1/79	1	Son wheele	1/ 1331 Rockville fike and AUG 0 4 1980

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1	FOR - STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG	SIENE 8	O REG. NO.	1	8 6	12	
	ECEASED NAME FIRST PE OR PRINT)	WIDDLE	LA	ST	20 DATE OF	DEATH MONTH	DAY	YEAR	26. HOUR	Ī
	E1da	Ρ.	Line	ch	July	7, 198	30		6.354	2
3 S	EX	4 RACE	5. DATE O	FBIRTH	& AGE (IN YEA	RS LAST BIRTHDAY)		INDER I YEAR		
	Female	Caucasian	Sep		84	Y	RS.	ITHS DAYS	HOURS MIN	
5	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	I. MARRIED	NEVER MARRIED	9 BALTIMOR	E CITY OR COU	JNTY OF	DEATH		
~	ennsylvania	U.S.A.	WIDOWE	- (4)		ntgomer		ount		-
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION		CCUPATION FOR MOST OF WORKI		12b. KIND C	OF BUSINESS O	R
E	Bethesda	8903 Ewing Dr			House			Home		
130	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW tgomery Bethes	N I	136 INSIDE CITY LIMITS? YES 🕱 NO 🗌	13e. STREET A	DDRESS Ewing	Dri	ve		
14.1	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA				3		Π
4	77	cott Shore		Mary		MIDDLE		Kinc		
160	WAS DECEASED EVER IN U.S. AF		RITY NO.	17 INFORMANT		ADDRESS		KINC	aid	-
L	(YES, NO OR UNKNOWN) (# YES, GN	577-26-	60994	Eleanore Wi	lson S	Same As	It	em #		
	PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and ED BY TE CAUSE (a)	o la	eula for	lemb			BETWEEN	CMATE INTERVAL ONSET AND DEATH	_
1	Conditions, if any, which	DUE TO, OF AS CONSEQUE	MCE OF	anten De	resin	,		54	NO	
+	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	English C	clerenes	6			100	AVS.	
NO.		conditions contributing to	DEATH BUT	HOARELANED TO THE TERM	NINAL DISEASE	OR CONDITION	GIVEN	IN PART I	V.	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	YES [IG CAUSES	NGS USED S OF DEATH? NO	
/	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	21c HOW INJURY OCCURI	RED (ENTER NAT	URE OF INJURY IN ITEA	M 18, PART	† OR PART 2)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATIÓN STREET		CITY OR TOWN		COUNTY	STATE	
	saw the deceased alive ar	of linew the body after death.	O on	d that in (my) (our) apinian	death occurred	an the date and	d hour or	nd fram the	that (1) (we) la causes stated	st
	A MANGELL	Plaman	_ /	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN		22CDATE	SIGNED)
1	Donald Q.	Ekman M.D., P.A.		4720 Chevy	Chase D	rive, Ch	n.Ch	.Md .	20015	

DHMH-16 25M (VRA 15, 4) 1/79

230. BURIAL, CREMATION, REMOVAL Burial 236. DATE 7-10-80 23¢ NAME OF CEMETERY OR CREMATORY

Arlington Nat'lCem

236 LOCATION CITY OF TOWN

STATE

Pumphrey Funeral Homes, P.A., Bethesda, Maryland

Cem Arlington Virginia
Date FC P. Brigger 25h. Registrary 316 Nature

COUNTY

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

LOBEL

REG NO

IF UNDER 1 YEAR

	8	6	1	3
_	DAY	YEAR	2h HO	LIR

REGISTRAR	
DECEASED NAME PIRST	ACHEL/ MIDDLE
FEMALE	4 RACE WHITE
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?

JÜNE 20.

1897

AGE (IN YEARS LAST BIRTHDAY) 83

DAYS BALTIMORE CITY OR COUNTY OF DEATH

ISRAEL JAY OR TOWN OF DEATH

MARRIED NEVER MARRIED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE

MIDDLE

OWN HOME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION.

MONTGOMERY

KENSINGTON

15 MOTHER'S MAIDEN NAME

13e. STREET ADDRESS 10920 CONNECTICUT AVENUE

14. FATHER'S NAME

MARYLAND

JECHESKAL

FOR

MIDDLE

17 INFORMANT

COHEN

WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

219-14-0627A

10801 MIDSUMMER DRIVE. REBECCA BESTIMT, RESTON. VIRGINIA

18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY NEUMONIA IMMEDIATE CAUSE

DOMONAS AERUGENOSA

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

to), stoting underlying couse

Conditions, if ony, which gove rise to immediate

SENI 9 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a A

UTOPSY?	20b. IF YES, WERE FIL IN CERTIFYING CAU	NDINGS USED
1	IN CERTIFYING CAL	JSES OF DEAT
NON	YES 🗌	NO [

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e. PLACE OF INJURY

211 LOCATION

DEGREE

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OF TOWN

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR SECOND

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive or

and that in (my) (our) opinion death occurred on the date and hour

COUNTY

obove, (I) (we) (did) (did 22b. SIGNATURE

22 ADDRESS

ATTENDING MEDICAL STAFF PHYSICIAN

should be detach with the State De 23a BURIAL CREMATION, REMOVAL BURIAL

CERTIFICATION

MEDICAL

prior

ö

MPORTANT: If Hem 21

7/25/1980

HTLLSTDE

GEO

24 FUDERALEDT M. STEIN HEBREW MEMORIAL FUNERAL HOME WASHINGTON

MARYLAND

DHMH - 16 60M 1/75 (VR A 15 (4))

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10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
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BP. DHMH - 16 50M 1/76 (VR A 15 (4))

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IMPORTANT: If Item 21 is morked or Item 18 shaws ony injury, or other troumotic event, the

FOR
- STATE
REGISTRAR

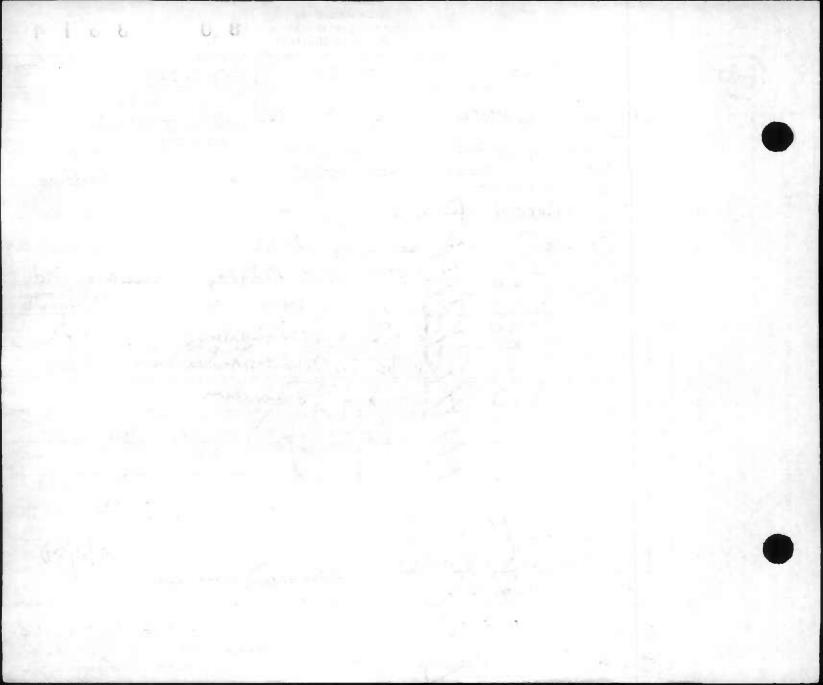
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

8

REG. NO.

	CEASED NAME	FIRST	MIODLE		LAST			2a DATE OF DEATH	MONTH [DAY YEAR	12:05P
TITPE	OR PRINT)	Hobe:	rt		Lon	gmire	- 1	July 5, 1	.980		17:025
3. SE	X		RACE		5 DATE OF	BIRTH		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	mala				MONTH	OAY	YEAR	90		MONTHS DAYS	HOURS MIN
7 0	11/AIE		White.	OUR IZEVO	Sept.	1, 18	396	80	YRS.		
	RTHPLACE (STATE OR F	OREIGN	CITIZEN OF WHAT C	OUNTRY?	MARRIED [NEVER MARK	RIED 🗆	BALTIMORE CITY O	_	OF DEATH	
	IENN.		U.S. A.		WIDOWED)			Montgomer	У		MD.
10 C	TY OR TOWN OF DE	ATH	1. NAME OF HOSPITA					12a USUAL OCCUPATH			OF BUSINESS OR
	Olney		"Montgome	ry Ger	ieral :	Hospital	L	CARpenter	P WORKING UP	R	Him
USU.	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION, GIVE RESI	DENCE BEFORE A	OMISSION)			1		10000	G III
130. 5	MATE M	13b COUN	13 CIT	YORTOWN		d INSIDE CITY L		13e STREET ADDRESS	7.1	1) -	01
11.54	1114.	CAR	KO// 1000	od D:n		MOTHER'S MA	⊠ -	7650	(Usi	st bine	Kd.
14 77	ATHER'S NAME	M	IDDLE	LAST	13	FIRST	7 11	- MIODLE		LA LA	IST
	FRA	nK	Lon	a mike	0	K	selle		(Cax	
160 V	VAS DECEASED EVER		MED FORCES? 166 SQ	JIAL SECUR	ITY NO. 1	INFORMANT		ADDRE	SS		
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	18 CALISE OF DEAT	H (Enter only	y one couse peuline for	(a) the and			0	0 1 3			XIMATE INTERVAL
	PART I. DEATH V	AS CAUSED	BY:	roll	iras	2 56	and	as areal		- North	elma
	11100	MMEDIATE	CAUSE (a)) 4 (~	70	man	1	1		1	1
	410-		DUE TO, OR AS	SU- MOREN	NA POP	19/1 2	Elm	admi		1	w/e
	Conditions, if any gove rise to im-		(6)	0000	Jan 1 .	1 1400	216	formed	-	-	1.1
	couse (o), stotu	ng the	DUE TO, OR AS A	NISEQUEN	1911	· Our	1.00	Caple-Da	MARINA	l M	and a
	underlying couse	last	(c) VA	MW	25MM	m m	eno,	Marses a	352001	1	more
	PART 2 OTHER SIG	NIFICANTO	MDINONS CONTRIBL	TING TO DE	N TUB HTA	RELATER 19		NACOISEASE OR CON	DITION GIV	EN IN PART 1	10
CERTIFICATION		(My In	wee	mon	ex o	rofor	(our			,
SAT	19a DATE OF OPERA	TION	196 CONDITION FO	OR WHICH C	PERATION	WAS PERFORME	D	200 AUTOPSY?	206. IF YES	WERE FINDI	NGS USED
Ē				S			,	YES NOW	YE:	YING CAUSE:	NO [
1 1	210 ACCIDENT WAS UN	DERLYING	216. TIME OF INJUR	Υ	12	1c. HOW INJURY	OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, P	PART 1 OR PART 2)	
	OR CONTRIBUTING		n	ONTH DAY	YEAR						
MEDICAL	(IF EITHER, NOTIFY MEDIC		P.M. 21e. PLACE OF INJU	DV	19	If LOCATION					
ME	WHILE NOT W		(AT HOME, STREET, FACTO	DRY, OFFICE, FAR		STREET		CITY OR TOW	/N	COUNTY	STATE
	AT WORK AT WO	ORK L	J				01	al		(0)	
	22a.l certify that (1)	(this hospital	the deceo	sed from			9-1-	, to	-	1950	that (I) (we) lost
	sow the deceas above, (1) (we) (ed alive		1927	, ond	that in (my) (our)	opinion'd	eath occurred on the do	ote and hou	r and from the	couses stated
	226. SIGNATURE	111	V .	1	DE	GREE				22r. DATE	SIGNER
		. 16	warts	w			ICIAN W	MEDICAL STAF		11/15	180
1	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)		12	24 ADDDESS					+
	Charles	H. Li	gon, M. D.					e Philip D	rive	,	/
24				100			MD 2	A-A-2			
230. E	BURIAL, CREMATION,	REMOVAL	236. DATE) 23c. NA	ME OF CEM	ETERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN	. 11	COUNTY	STATE
1	Surial		1-8-80	CI	DITTAN	n amil	The	Marriett	eville	Howar	d Md.
24. FI	INERAL DIRECTOR	41	7 7	ADD RES SA			290 DAT	BE DIBY 5 99818	256. REGIST	RAR'S SIGNA	TURE
1 %	MADU W.	HOLAK	t Laker	is Il.	TNA			0 1000		7000	- Walestry



	leath
, BALLIMORE, MARIEN DE LA COLLEGA	rtificate be executed within 24 hours after death
OF STATES OF STA	TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.
	TO HOSPITAL OR ATTENDING PHYSICIA

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directing should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours allow with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Page 4 may be

		FOR STATE REGISTRAR			DEPARTA	CERTIF	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		8 6	1 5
		CEASED NAME E OR PRINT)	FIRST	3	ndwia		AST	July 29	198D	Y YEAR	26. HOUR a
	3 SE		4.1	Cauca	sian	S. DATE C	2, 1908 YEAR	6 AGE (IN GARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
85		IRTHPLACE (STATE OR FO COUNTRY) Vest Virgin	12.71	U.S.A	what Country?	MARRIE WIDOWE	D NEVER MARRIED D	MONTO	R COUNTY C		CO. ME
70	B	ity or town of DEA		Subu	rban The A	ADDRESS)	OR OTHER INSTITUTION	12r USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired Ma	working Life) Chinis	MINDUSTRY GOV	of Business Or
Time.	USU 13a	AL RESIDENCE (IF NURSI STATE Lary land	HOME OR OTH	er institution,	GIVE RESIDENCE BEFORE	ohn	13d. INSIDE CITY LIMITS? YES NO	13 R. STREET ADDRESS MCKay	Circle		
Sical exa	14. F.	James	WID	QLE Z •	Ludwig		Josephin	MIDDLE		Bewin	
, the me	16a \	WAS DECEASED EVER I	N U S. ARME (IF YES, GIVE WA		277-03-3		17 INFORMANT Elva P. Ludw	ADDRE		#13e	
raumatic even		4140	AS CAUSED B IMMEDIATE C	AUSE (o)	CONCLU	ENCE OF	anew -			7/10/20	ONSET AND DEATH
any nightly, or other		Conditions, if ony, gove rise to imm cause (o), stating underlying cause PART 2 OTHER SIGN	ediote g the last.	(c)	RAS A CONSEQUE	NCE OF	Fibrillation Recitat heed NOT RELATED TO THE TERM	N clesare	DITION GIVEN		pus .
0	CERTIFICATION	Chu 19a DATE OF OPERAT	-		ITION FOR WHICH	OPERATIO	emany all	20e AUTOPSY?			NGS USED S OF DEATH?
1		21a. ACCIDENT WAS UPIDE OR CONTRIBUTING C	AUSE OF DEATH	216. TIME O HOUR A	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T I OR PART 2)	
mar ked o	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE (21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	M	COUNTY	STATE
MINIORI ANICOMINA		22a certify that (1) sow the decease above. (Adwe) (d)	d-olive onid) did not) v	ew the body		. 01		MEDICAL STAF	f	22c. DATE	SIGNED 2 9/10
		J CHANGICIAN SINA	nwyn	nmv			22R ADDRESS >201 Mayor		Bath	ale no	1820016
		BURIAL CREMATION, F		Aug1,	1980 S	perry	Run U.M.C. C	THE RESERVE AND ADDRESS OF THE PARTY OF THE			
5M 1/79	24 F	Capitol F	uneral	Servi	ce ADDRESS Pa	irfax	, Va. 25a. DAT	G 1 8 1999	256 REGISTRA) STOC	4

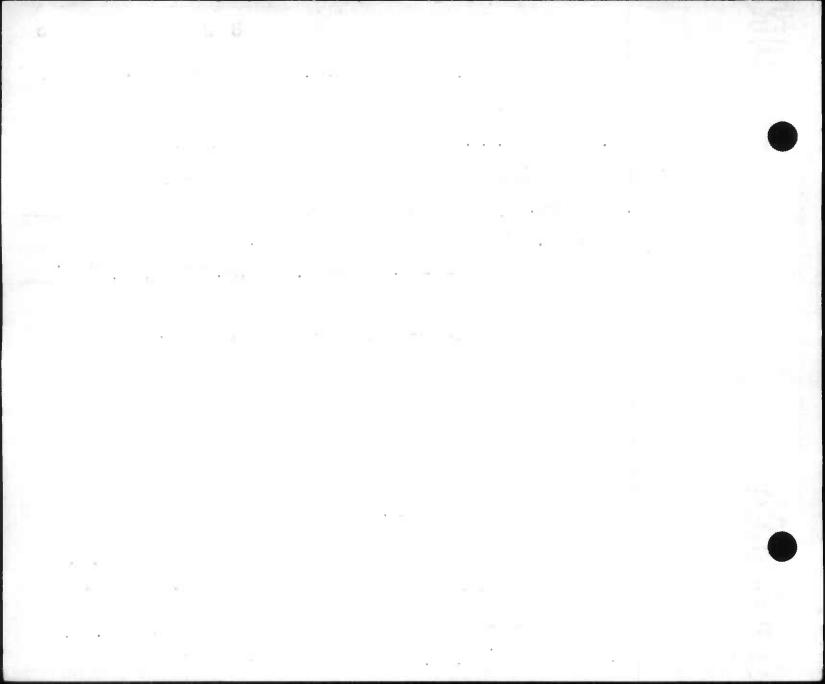
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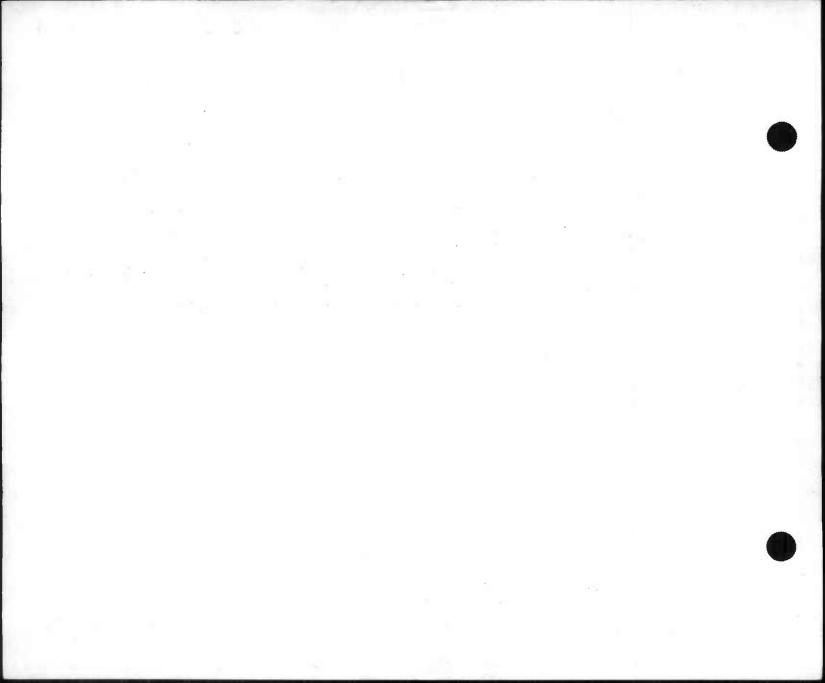
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Cleared by predict Exercise 12 BM	rificate be executed within 24 hours ofter dearn. Page 4 mov3	10 FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after dewith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, 2	TO HOSPITAL OF ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may 3	TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physical should be detoched for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	8 6 1 6
e oth	1. DECEASED NAME FIRST TYPE OR PRINT!	vard B.	LYLES , SR.	to order or other	8.80 4:20 M
ge 4 mo	3. SEX Male	A RACE Black	5 DATE OF BIRTH MONTH DAY YEAR 2 25 18	6 AGE (IN YEARS LAST BIRTHDAY) 62 YRS	FUNDER) YEAR IF UNDER 24 HRS WONTHS DAYS HOURS MIN.
uneral dir un 72 hau of ance.	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED 🖾 NEVER MARRIED 🗌 WIDOWED 🗍 DIVORCED 🗍	MONTGOMERY	OF DEATH MD.
by the fi	Poolesville	19415 Jerusale	is home or other institution appress) Road	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF MECHANIC	17b. KIND OF BUSINESS OR INDUSTRY
filled in hould be the	USUAL RESIDENCE (IF NURSING HOME OF	ITY I3c CITY OR TOW	134 INSIDE CITY LIMITS?	134 STREET ADDRESS 19415 Jerusalei	m Road
completely filled a lond 2 should be axaminer must	George W	Lyles LAST	15 MOTHER'S MAIDEN NAM	F. Robinson	LAST
Poges medic	16a WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GM	MED FORCES? 166 SOCIAL SECU 577-14-6	RITY NO. 17 INFORMANT 5019 Howard B. Ly	les,Jr.Woodboro.	permine Rd. Md. 21798 APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH
regaires that the death certificate by signed by the ottending physicio. Then please remove corbon papers or to burial, cremation, or removal, injury, or other froumatic event, the	Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E Speed Loll La	ENCE OF DEATH BUT NOT RELATED TO THE TERM LUGG, LWG Webs	inal disease or condition gives	2 yrs EN IN PART 1(0)
hysicion icote hos be- ronsit permit Hygiene pric	190 D'ATE OF OPERATION 170 ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO YE	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\begin{array}{cccccccccccccccccccccccccccccccccccc
dring physical control	TIO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	The state of the s		RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART (OR PART 2)
Spital or otteno STOR. After this for use as the k of Health and I	22e I certify that (I) (this hospi	(AT HOME, STREET, FACTORY, OFFICE, F.	2.2 , 19.79	city or town to	COUNTY STATE 19 0, that (1) (we) last r and from the couses stated
RAL DIRECTOR TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE THE TOTAL THE THE THE THE TOTAL THE	27b. SGNATUR	9. 8. Ville		MEDICAL STAFF DIRECTOR PHYSICIAN	7.18.80
to Hospital To Funeral should be detented by the Stote with the Stote		ILLON, M.D.	18111 Prince		EY, Md.20832
BP	230 BURIAL, CREMATION, REMOVAL ISPECIFY) Burial	7-22-80 E1i	ijah Cemetery or crematory	23d LOCATION CITY OR TOWN POOlesville	
DHMH-16 20M (VRA 15, 4) 7/78	George R. Snowder	246 N. Washingt Rockville, Md.	ton Street 20850	RECO. BY REGISTRAN 256 REGIST	RAR'S SIGNATURE



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		1 -	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYGI RTIFICATE OF DEATH	IENE 8 0	18618
deorn 3		TYPE	EASED NAME FIRST OR PRINT) Ada	MIDDLE	ANNING	2a. DATE OF DEATH MON	1 15 80 420 AM
rector. p		3. SE)	7	4 RACE	ME OF BIRTH MONTH DAY YEAR 16 25 96	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
in 72 har	17	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	// ×	ARRIED NEVER MARRIED O	BALTIMORE CITY OR C	
y the fulled with	S		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE	55)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126 KIND OF BUSINESS OR
mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death.	5		L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM TY 13c. CITY OR TOWN		13. STREET ADDRESS 901 ARCO	DLA AVE
completely 1 and 2 shs	60	14 FA	HEERE "	BEADBURY	15. MOTHER'S MAIDEN NAM	lik	LAST
Poge	Ĭ,	láa V	(AS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL SECURITY 0372004	- 7	TLE EDGI	EWATER, MD.
signed by the attending physicior hen please remove carbonpopers. to buriol, cremotion, or removal njury, or other traumotic event, the		NO	Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost		OF CHURCH	MAL DISEASE OR CONDITI	APPENDING TE INTEVAL BETWEEN ONSET AND DEATH JUST 1 ION GIVEN IN PART 1(0)
te hos been ssit permit gene prior shows ony ii	2	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPE		YES NO NO	OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
nding physics certifico buriol-trari Mental Hy or frem 18	9	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETTHER, NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED	11 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, I	211 LOCATION	ED LENTER NATURE OF INJURY IN	TEM 18, PART 1 OR PART 2) COUNTY STATE
hospitol or atter RECTOR After il ned for use as the ept of Health and tem 21 is marked		«	while NOT WHILE 220 I certify that (I) (this hospit sow the deceased alive or the control of the	al) attended the deceased from	10 10 79	to 7/15 death occurred on the date	ond hour and from the couses stated
ed by the UNERAL DI Id be detocline Store De	1		224 PHYSICIAN'S NAME (TYPE OF	LENKIN	ATTENDING PHYSICIAN Z	MEDICAL STAFF DETRECTOR PHYSICIAN 9 SHOREFI WHEATON	NO 7/18/98
Shoul		23	URIAL, CREMATION, REMOVAL		CHOW CREMATORY	THUIDSON	with AA M.
DHMH-16 20M (VRA 15, 4) 7/7	В	24 10	HAN M. TAYL	OR SONS HOW	APOLIS MD 50 JU	LEE ON SOUTH PAR 235	REGISTRAN'S SIGNATURE



200	IIte	em 18c G547 9	/4/80 dad	STAT	E OF MARYLAND			
4.4	1.	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	18	6 1 9
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3 (O)	(TYPE	OR PRINT!	War with the	M. M.	artin	Sul	a 21,1	1980 4:50 PM
	3 SE	Maria	14 RACE	5 DATE O		& AGE IN YEARS LAST BIRTH		
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1 5 19 TO		RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DE	ATH
8 85 at 1		Italy	USA	WIDOW	DIVORCED [Montg	omery	MD.
The factor of th		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME (OR OTHER INSTITUTION	178 USUAL OCCUPATIO		KIND OF BUSINESS OR
5 1 Apr 68	\$il	ver Spring	Holy Cross	Hospit	al	Housew		own home
2 2 2	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE	CE BEFORE ADMISSION)		13e. STREET ADDRESS		On A Monte
2 2 2 2		aryland Mon	tgomery Tk.	Park	136. INSIDE CITY LIMITS?	8522 Garl	and Ave	nue
YLA With with show	14. F/	THER'S NAME			15 MOTHER'S MAIDEN NA	ME	and nvc	
plet d 2		Giuseppe	MIDDLE LA		FIRST	MIDDLE		LAST
E, M	140 \	VAS DECEASED EVER IN U.S. A		oian ALSECURITY NO	Valen	tina ADDRES	S	Martin
AOR and and siges			VE WAR OR DATES)			/4		
- Co					Iva Trente	lman- dau-	_(same_	as 13e)
BALTI ificate ipers. F toval. event,		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one cause per line for (a).	Ibi, and ici.	1		- 84	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ST., cert g ph n pe rem			ATE CAUSE (a)	16 Show	k			12 NO
ox ndin arbo	100	33/7	DUE TO, OR AS A GON		1	_		12 - 14 here
EST atte		Canditions, if any, which	(16) (rea	result.	& Parlone	-		L-17 /4)
the at the emove remain other		gove rise to immediate couse (a), stating the	DUE TO, OR AS, A CON	SEQUENCE OF	ischemic,	colitis (co	lectory	- /
al, co	1	underlying cause last.		vic and	estimolu be	eskelouy	12	- 8 der
quire quire gne ple buri		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN P	ART IIa
RECORDS The law re- The law re- Trmit. Then the prior to nows any in	Š Š	Chronic Si	Tword 15 Tent	- 0	2.0. Transve	In Coliton	5 - Capo s	enterions -
S be la mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? /	206. IF YES, WERE	FINDINGS USED
	E	7/21/80	Par Tombs	i mat	12 TasTin	YES T NO P	YES	AUSES OF DEATH?
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IOF V		OR CONTRIBUTING CAUSE OF D						
Z 1 = 122 = 0	MEDICAL	214 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
DING P ttending After th After th s the bu th and A	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OF TOW	N COU	NTY STATE
NDI atte		AT WORK		7/3	L Co	7/-		27)
TTE I or TOI Use He		22a.1 certify that (1) this has			nd that in (my) (our) opinion	, 10		, that (Dwe) last
A AT AT TOO TE OF TOO TE OF TE	15	above, (1) (we) (did) (did)	not) view the bady after death			death occurred an the da		
DIR Dept		226. SIGNAFURE	1		DEGREE ATTENDING	MEDICAL _ STAF		c. DATE SIGNED
TAU the AAL Jetach ate		mar	Tuch	-W	PHYSICIAN [DIRECTOR PHYSICI	AN 🗌	7-22-80
DSPI d by d by NEF De d ie St	V	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		220 ADDRESS	. 0	1. 1/	- 416
TO HOSPITAL OH AT retained by the hospital TO FUNERAL DIRECthough the State Dept. of IMPORTANT: If Item	1	M. Eich	levi		3915 /2	mara Vn	Whee	1m2070
The Drive	23o. I	SURIAL, CREMATION, REMOVA	L 23b. DATE	231 NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
1900 BP	(Burial	7-24-80	Parklaw	n Cemetery.		200,	gomery Mo
1100	24 TA	araer E. Pur			25e. D	HELD & REPUBLIE	Sh. DEG-ISTRARES	Service of the servic
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		414 Ga. AVE	S. S. Ma					

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All the contract of the contra Secretary Secret VOIDED DEATH CERTIFICATE NUMBER LISTED ABOVE

SEE: ROBERT RAY MCCANN, MONTGOMERY COUNTY,

MARCH 19, 1979. FILED WITH LATE 1979 DEATHS.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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1	REGISTRAR	CI	ERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FRS1	MGDLE	LAST	TE DATE OF DEATH MONTH	DAY TEAR 25 HOUR
1	Robert	A. McC	onnell, Jr.	July 27, 1980	3:28A m
1	SEX		DATE OF BIRTH	4. AGE (IM YEARS LAST BRITIGAY)	FUNDERS YEAR FUNDERSAHRS MONTHS DATS HOURS MAN
L	Male	White	Feb. 21, 1924	56 YRS.	months and house min.
1	D.C.	TI C A	MARRIED NEVER MARRIED	* BALTIMORE CITY OR COUNT Montgomer;	CLASS Section 201
1	Silver Spring	11. NAME OF HOSPITAL, NURSING H IF NOT IN SUCH TACKITY, ONE STREET ADDRESS HOS	OME OR OTHER INSTITUTION	126 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING I Optician	174 KIND OF BUSINESS OR
1	Je STATE HIE COUR	OF Hyattsvi	\$13d_INSIDE CITY LIMITS?	De STREET ADDRESS 2215 Amhera	st Rd.
10	Robert A.	McConnell, Sr.	IS MOTHER'S MAIDEN NAMED IN NA	wicori.	Taylor
I	WAS DECEASED EVER IN U.S. AR	RMED FORCES? IAb SOCIAL SECURITY 1	See International	ADDRESS IcConnell, Same	as #13
	PART 2: OTHER SIGNIFICANTS PART 2: OTHER SIGNIFICANTS 196: DATE OF OPERATION The ACCOUNT WAS UNDERLYING:	CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	20s. AUTOPSYT 20s. IF YE IN CERT	ES, WERE FINDINGS USED FYING CAUSES OF DEATH?
	Company of the property of the	ATH HOUR A.M. MONTH DAY		YES NOW Y	ES NO NO NAME OF PART 3)
	OR CONTRIBUTION CONTRIBUTION IF ETHER, HOTEY MISSICAL EXAMINER THE INJURY OCCURRED NOT WHILE IN HOTE IN HOSE 226.1 certify that III this hosp	21± PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, sitol) uttended the discount from	aug 1 10 76	to 27 Oul	COUNTY STATE
	Saw the toppared olive or shore (1) wy (and idld of 27h. SIGNATURE)	of view the disposed from 19 50 of view the disposed from 19 5	DEGREE	MEDICAL STAFF	Mr. DATE SIGNED
1	ALAN I.	KERMATER	MB 9801 X	LONGUA LUNC	. S-S.MOZOO
	Cremation		incoln Cemetery	Brentwood Pro	Georges Md.
2	F. Gasch's ons	P A Hyattsville, N	The second secon	ERECO. BY REGISTRAR ISS. REGIS UG 0 4 1980	Try Matherly

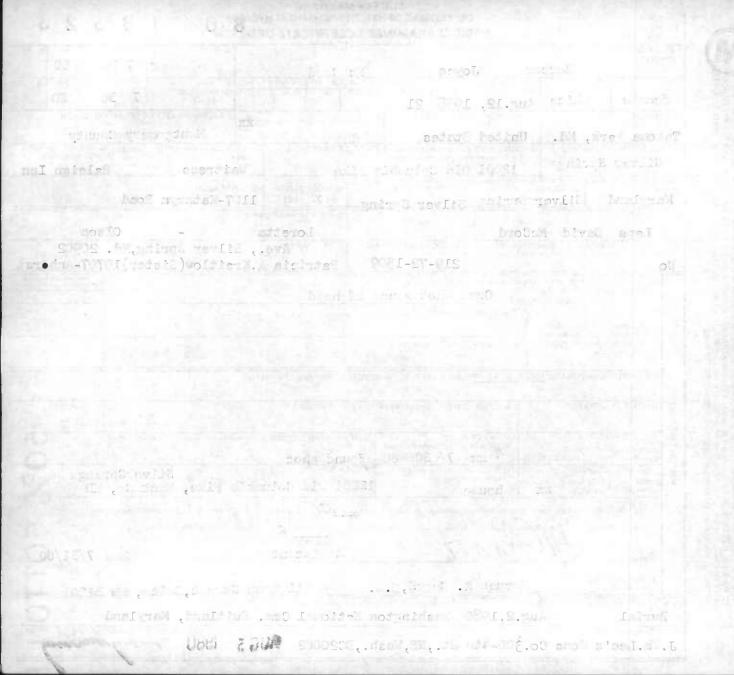
DHMH - 16 50M 7/77 (VR A 15 (4))

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A Carried Street		

DHMH - 17

(VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN TYPE OR PRINT DEATH MATED Barbara Jovce Mc Cord 2d. HOUR 9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery County 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Raleigh Inn No □ | 1107-Kathryn Road Olson 17. INFORMANAVe, Silver Spring, Md. 20902 Patricia A.Kreitlow(Sister)10707-Amherst BETWEEN ONSET AND DEATH 20. AUTOPSY? YES X NO [21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 12001 Old Columbia Pike, Mont Co, MD and in my apinian DATE SIGNED 7/31/80 ADDRESS 111 Penn Street Balto Burial Washington National Cem. Suitland, Maryland 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE J.Wm.Lee's Sons Co.300-4th St., NE, Wash., DC20002 1780



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should be detoched for use as the with the State Dept. of Health as IMPORTANT: If them 21 is marke TO FUNERAL DIRECTOR:

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	'	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		, 4 7
		CEASED NAME OR PRINT)	rl R		McCoy	L	AST	7-19-80	DAY YEAR	2: 50A
	3. SEX	Male		Caucasian M7 EIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARR U.S.A. WIDON			17-27 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
3		RTHPLACE (STATE OR FOUNTRY) Virgi					NEVER MARRIED	9 BALTIMORE CITY OR COU Montgomer	у мо	
/		akoma Pa					ntist Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Acetylene Open	NG LIFE) INDUSTRY	
5	USUA 130 S	AL RESIDENCE (IF NURS	13h GOUN	OTHER INSTITUTION,	Beltsvi		13d INSIDE CITY LIMITS? YES X NO []	3582 Powder	r Mill	Rd, #20
9	-	THER'S NAME FIRST	Alb	middle ert	McCoy		15. MOTHER'S MAIDEN NAMERS	MIDDLE	Patz	
?		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	227-34-		Gloria D. Mc		dress Sa # 13e.	ime as
	NOI	Conditions, if ony gove rise to improve to improve to improve to improve the course to	, which mediote ng the lost.	DUE TO, OF	RAS A CONSEQUE OFODAD RAS A CONSEQUE ALL	NCE OF	ute myocar uotié hear	ock, arres, adial infactor disease or condition	tion 3	h
2	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	n was performed		FYES, WERE FIND ERTIFYING CAUSE YES [
1	MEDICAL CER	216. ACCIDENT WAS UNION CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOTW AT WO 220.1 certify that (1) sow the decease obove. (1) (we'd)	CAUSE OF DEA	P./ 21e PLACE ((AT HOME, STR	M. MONTH DAM DE INJURY EET, FACTORY, OFFICE, F	19 ARM, ETC.)	21f. LOCATION STREET 19 19 10 10 10 10 10 10 10 10	CITY OR TOWN TO COURTED ON THE DOCUMENT OF THE DICAL STAFF	L hour ond from the	state , that (1) (we) lost e couses stated E SIGNED Why 80
		TEN PHYSICIAN'S N	AME (TYPE O	EPRINT)	1	101	PHYSICIAN 2	Carrol Tyc		200

DHMH - 16 50M 1/76 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE 7-22-80

Burial

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

STATE Md.

20012

24 FUNERAL DIRECTOR Gasch's Sons F.H. P.A. Hyattsville, Md.

Geo. Wash. Cemetert P.G. Hyattsville RAR 25b. REGISTRAR'S SIGNATURE

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Maryland 7.6. Deltaville . 2512 Porter Mill Me, 4203

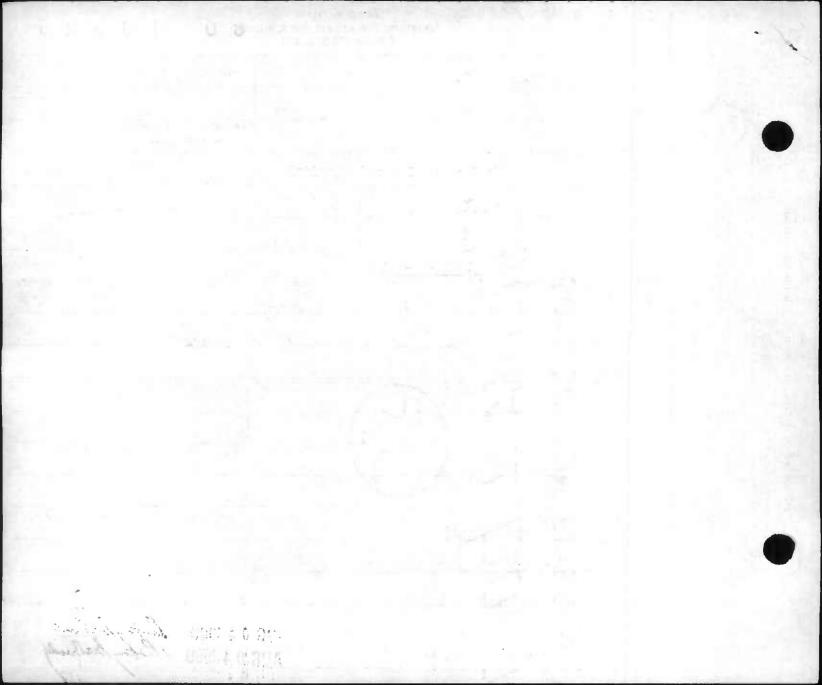
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3			STATE REGISTRAR CEASED NAME	FIRST	MI	DOLE	CERTIF	EALTH AND MENT	Н	REG. I		YEAR 75 HC	OLIR
y be ge 3			OR PRINT)	Jeron	ne s	5.	Mo	Kay Sr.		July 28,		5:	55PM
т. 10 де 10 де		3. SEX	Male	4.	RACE Whit	.e	5. DATE C	DAY YE	EAR 919	AGE (IN YEARS LAST BI	RTHDAY) IF UND		ER 24 HRS
4 (14)	101	CC	RTHPLACE (STATE OR FO		CITIZEN OF W	HAT COUNTRY	? 8 MARRIEI WIDOWE	Never marri	ED 🗆 9	Montgon	OR COUNTY OF D	EATH	MI
rs after di by the fur filed within	19	10 CI	or town of DEA	ਹੈਜੀ 1	1. NAME OF HO (IF NOVINSUCH MONTO	onery	ing HOME C	Hospital	ON !	2a USUAL OCCUPA TYPE OF WORK FOR MOST Insurance	TION 125 OF WORKING LIFE) IN		ness or ited
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by apers. Pages 1 and 2 shauld be file wol.	31	13a S	Md.	136 COUNT		3c. CITY OR TO	WN	13d. Inside city lin yes xx no [15 mother's maid			rlan St		
MARY ted with simpletel	151	J4 FA	THER'S NAME FIRST John	A.	DDLE	McKay	7	Mat		MIDDLE		Wixson	
IMORE,			(AS DECEASED EVER es, no or unknown)	IN U.S. ARM (IF YES, GIVE W		579-12 79-12	-9819	Dorothy	E	McKay	4008	Harlan ille,	
55, 201 W. PRESTON ST uires that the death certs signed by the attending is nen please remove carbon a burial, cremation, at ren		z	Conditions, if any, gave rise to imm cause (a), statin underlying cause	nediate ig the last	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEO	My6 UENGROF	Cardia NOT RELATED TO TH	HE TERMIN	IAL DISEASE OR CO		PART I(a)	
1. RECORE The law requires been been permit. The	9	CERTIFICATION	19a DATE OF OPERAT	TION	19b. CONDIT	ION FOR WHIC	H OPERATION	N WAS PERFORMED)	200 AUTOPSY?	206 IF YES, WER		ATH?
	9	MEDICAL CER	21g ACCIDENT WAS UNE OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURF WHILE NOT WH AT WORK AT WO	CAUSE OF DEATH ALEXAMINER) RED	P.M 21e PLACE O	MONTH	DAY YEAR 19 E, FARM, ETC.)	21c. HOW INJURY (OCCURRE	D (ENTER NATURE OF IN)			STATE
TENDIN rital or or TOR: Aft	2 17 110		72s.I certify that ()	this hospita	7/28/	89 19	, or	d that imm) (our) o	DING 🗸	_, to		2c. DATE SIGNE	stated D
L OR AT the hasp L DIRECT trached f e Dept. c	=		1 / 1	11 6411	A 1	1/2/01	Lacer	PHYSIC	CIAN IX	DIRECTOR PHYS		7/28/8	

Parklawn Cemetery Rockville Ma 8434 Ga. Ave DAIE RECD. BY REGISTRAR 255 Sil. Spr., MAUG 0 4 1980

DHMH - 16 50M 1/76 (VR A 15 (4)) 24. FUNERAL DIRECTOR

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME (TYPE OR PRINT)

20 DATE OF DEATH MONTH 26 HOUR July 8. 1980 Mary McKenna 3:20 D. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR FUNDER 74 MPC September 14 16 OAYS Female White 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington D.C U.S.A. WIDOWEDXX DIVORCED Montgomery County ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 01ney Sales Retail Store Montgomery General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 14423 Layhill Road Silver Spring 13d. INSIDE CITY LIMITS? Maryland Montgomery NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Frederick FIRST MIDOLE Poore A. Annie J. Mvers 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT Son Same as (YES, HO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Thomas F. McKenna III. CAUSE OF DEATH (Enter only one could per PART I DEATH WAS CAUSED BY IMMATERIATE CAUSE anditions, if any, which gove rise to immediate couse to stoping DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SOME CANDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO FRE TERMINAL RISEASE OR CONDITION SIVEN IN PART 1101 CERTIFICATION TO DATE OF OPERATION ION FOR WHICH DAY MATION WAS PERFORMED 10h IF YES, WERE FINDINGS USED 78s AUTOPS IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (I) (this hospital) a tended the dec sow the deceased alive on obove, (I) (we) (did) (aid, not) view II) body after and that in my) (opinion death occurred on the date and hour and from the causes 226 SIGNATUR DEGREE TOW. ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE BURTAL Mt. Olivet Cemeterv Washin

Wisconsin Ave. N.W

don D.

MPORTANT the ! BP DHMH - 16 50M 1/76 (VR A 15 (4))

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ottending physicion and completely filled in by the funeral director. I nove carbonpopers. Pages 1 and 2 should be filed within 72 hours after

pleose rem

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-transit permit. Then plet with the State Dept. of Health and Mental Hygrene prior to burial

the hospital

1	FOR - STATE REGISTRAR	DEPART.	MENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENB 0 1	8 6 2 7
	PE OR PRINT)	MIDDLE CONC.	5	nc Nabb Ir.	20 DATE OF DEATH MONTH	- 30 - 80 12:35A
3. SI	Male	RACE White	S. DATE O			IF UNDER 1 YEAR IF UNDER 24 MR. MONTHS DAYS HOURS MIN YRS.
5 L	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Waruland CITY OR TOWN OF DEATH	USA	WIDOWE	DIVORCED	Montgomery 120 USUAL OCCUPATION	INTY OF DEATH A 12b KIND OF BUSINESS C
10	OLNOU WAL RESTDENCE (IF NURSING HOME OR	Montagmery Gene	ral Ho	pspital	(TYPE OF WORK FOR MOST OF WORK	KING LIFE) INDUSTRY
5 130. Ma	STATE NI COUN	TY 13c. CITY OR TOV		13d INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN NAM	13e STREET ADDRESS 1500 Coleshe	rg Street
0	FIRST	IDDLE LAST LAST LAST MCNabb MED FORCES? 166 SOCIAL SECU	IDITY NIO	Beverly	Jean	Robert
		WAR OR DATES) None	JKIIT NO	1 ac	ner	2. as 13 APPROXIMATE INTERVAL BET WEEN ONSET AND DEAT
	Conditions, if any, which gove rise to immediate cause sol, stating the underlying cause lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	ence of	gether l	vith by	
CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO			200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\tag{N} \) NO \(\tag{N} \)
2 1	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21¢ how injury occurr	RED (ENTER NATURE OF INJURY IN ITE	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased blue on object (1) (we) (did) (mains)	ol) ottended the deceosed from		d that in (my) (our) opinion o	, to death occurred on the date on	d hour and from the couses stated
	126 SIGNATURE	Means In	2	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
	Robert Sh	Earin		18111 Pringe	Phillip Dr.	Olney Md

23c. NAME OF CEMETERY OR CREMATORY

Silver Spring, Md.

23d. LOCATION CITY OR TOWN

Silver Spring 256 DATE REC'D. BY REGISTRAR 256. HE AUG 8 1980 STATE

Mont.

DHMH - 16 50M 1/76 (VR A 15 (4)) 230. BURIAL, CREMATION, REMOVAL

500 University Blvd. W.

236 DATE

Burial Aug. 1, 1980 (
124 FUNERAL DIRECTOR Francis J. Collinsoress
NAME:

Common Panels Common Co

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SEX SACE STATE OF BREAK SACE STATE OF ORDER SACE SA		1. DE (TYPE	OR PRINT)	L 11	. 11	Mi	Kaitis	20 DATE OF DEA	TH MONTH 7		322 A
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The state of death is the only one couse per line for (a), (b), and (c)	- Diameter	P	etter Mikaitis	5			Josephine	MIO	DDRESS#		X Y
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE TO USE TO AS A CONSEQUENCE OF CARDIA AND AS A CONSEQUENCE OF CARDIA AND AS A CONSEQUENCE OF CONDITIONS, if ony, which gove rise to immediate couse to), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CARDIA AND AS A CONDITION OF THE COUSE OF COUSE TO INTEREST THE UNDERLYING COUSE OF CARDIA AND AS A CONSEQUENCE OF CARDIA AND AS A CONDITION OF WHICH OPERATION WAS PERFORMED 196. DATE OF OPERATION 196. CONTRIBUTING CAUSE OF DEATH OR CONDITION FOR WHICH OPERATION WAS PERFORMED 197. DATE OF OPERATION 198. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 191. ACCIDENT WAS UNDERLYING CAUSES OF DEATH OR AM. MONTH DAY YEAR 190. OR CONTRIBUTING CAUSE OF DEATH OR AM. MONTH DAY YEAR 191. ACCIDENT WAS UNDERLYING CAUSES OF DEATH OR AM. MONTH DAY YEAR 191. ACCIDENT WAS UNDERLYING CAUSES OF DEATH OR AM. MONTH DAY YEAR 192. IN CERTIFYING CAUSES OF DEATH OR AM. MONTH DAY YEAR 193. ACCIDENT WAS UNDERLYING CAUSE OF INJURY 194. IN CASE OF DEATH OR AM. MONTH DAY YEAR 195. COLON OF THE C	e e		YES, NO OR UNKNOWN) (IF YES	WE TR DATES)		120	Mary Mi ķ aiti	s Same	as # 1		
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? 218. ACCIDENT WAS UNDERLYING 218. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC) 217. Location Sow the deceosed olive on July 3 218. TIME OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC) 219. Ond that in (my) town opinion death occurred on the date and hour and from the cause obove. (I) the didition of the death of	or other tr	z	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, C DUE TO, C DUE TO, C (c)	DRAS A CONSEQUE DRAS A CONSEQUE CONONAMI CONTRIBUTING TO TO	ENCE OF CA	redial Infa tem Dis	nction raise	CONDITION G	3	days
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFYMEDICAL EXAMINER) P.M. 19 P.M. 19	ony	TIFICATIO						Body O	120b. IF Y	TIFYING CAUSE	
220. I certify that (this hospital) attended the deceased from the course of the deceased alive on Tuly 3 19 50 and that in (my) (our opinion death occurred on the date and hour and from the cause obove. (I) (this hospital) attended the deceased from the course of the deceased alive on Tuly 3 19 50 and that in (my) (our opinion death occurred on the date and hour and from the cause obove. (I) (this hospital) attended the deceased from the cause of the deceased alive on Tuly 3 19 50 and that in (my) (our opinion death occurred on the date and hour and from the cause of the deceased alive on Tuly 3 19 50 and that in (my) (our opinion death occurred on the date and hour and from the cause of the deceased alive on Tuly 3 19 50 and that in (my) (our opinion death occurred on the date and hour and from the cause of the deceased live on Tuly 3 19 50 and that in (my) (our opinion death occurred on the date and hour and from the cause of the date of			OR CONTRIBUTING CAUSE OF	DEATH HOUR A	A.M. MONTH DA P.M. OF INJURY	AY YEAR 19	If LOCATION		•		
136. DATE 136. D	If I'em 21 is morked	WE	220.1 certify that (this has sow the deceased alive above, (1) (wow (did) (did)	spital) attended to	he deceased from_ 319_4 y ofter death.	July 50 ond DE	that in (my) (correspondent	deoth occurred on	the date and h	our and from th	TE SIGNED
(SPECIEV)	MPORTAN	220	DIBIAI	/		- 1	(AR)10.01	1 TAK	OMA	PARK	MD.
24 FUNERAL DIRECTOR Robert G. Beall Funeral Home 250 Date REC'D. By REGISTRAR'S SIGNATURE 9013 Annapolis Rd. Lanham, Mrs. 20804 9 World 9 1980	_		SPECIFY)	7 .Tul	v 80 St	t. Jame	es Cemetery	Naugat	uck, Co	nnceti	cut STATE

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201	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours erained by the hospital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	IAN:
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	TO HOSPITAL OR ATTENDING PHYSICIA retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be then within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 Q	18629
		CEASED NAME FIRST HEDW	IG ELSIE	MillER	2ª DATE OF DEATH MON	15 80 8 P M
nce.	3 SE		WHITE	S DATE OF BIRTH MONTH DAY YEAR 13 OO	6 AGE (IN YEARS LAST BIRTHDAY	F UNDER I YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN
tie 97	C	IRTHPLACE (STATE OR FOREIGN COUNTRY) Witzerland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	OUNTY OF DEATH
Old St be		nevy Chase	MENOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOSS OF WO HOUSEWITE	126. KIND OF BUSINESS OR
examiner mu	Ma	aryland Pr	A COTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY 134, CITY OR TOW HILLCRE MIDDLE BIRKLE	VN + H +34 INSIDE CITY LIMITS? YES NO NO FIRST.	130 STREET ADDRESS 2712 Fairl AME	LAST
The medical	(Eugene WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN] (# YES, GN		URITY NO. 17 INFORMANT		Gass 4605 Marie St. Beltsville, Md.
shows any injury, or other trauma	MEDICAL CERTIFICATION	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	thaileur,	i cusing	200 AUTOPSY? 200 IN	I. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?
harked or Item 18		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EKAMINER 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 21f LOCATION	PRED (ENTER NATURE OF INJURY IN	YES NO TIEM 18, PART 1 OR PART 2} COUNTY STATE
MPORTANT: If Item 21 is m		22a.1 certify that (1) (this hasp	oital) attended the deceased from 19 oit view the body after death.	and Wat in (my) (x) apinia DEGREE ATTENDING PHYSICIAN 1270 ADDRESS 10 401 OKA	MEDICAL STAFF	19, that A (we) lost and hour and from the causes stated
<u>~</u>	(BURIAL, CREMATION, REMOVAL SPECIFY BURIAL UNERAL DIRECTOR.	18July1980 A	NAME OF CEMETERY OR CREMATORY Clington Nation 1250. DA	CITY OR TOWN	
25M) 1/79		Funeral H		Suitland, Md J	JL 2 2 1980	

1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		8 6 3 0
DECEASED NAME	MIDDLE .	Miller JR	REG. NO. 2a. DATE OF DEATH MONTH 7 - 1	DAY YEAR 26. HOUR 8 - 80 2:15
Male	CZUCASIA	5. DATE OF BIRTH MONTH DAY YEAR 6 - 4- 25	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR. MONTHS DAYS HOURS MIN
10. BURTHPLACE MITATEON PORCH	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	0
TAKOMA TARK	ash no ton	Adventist Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
SULSTATE OF MARSE TO THE STATE OF THE STATE	TOTHER HIS TUTION, GIVE RESPECTE BEFORE TO NOT THE STATE OF TO NOT THE STATE OF THE		13e. STREET ADDRESS, 2425 HANN	ION STREET
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 1160 SOCIAL SEC	ER VIRGIA URITY NO. 17 INFORMANT	ADDRESS S	BRATNER
(YES, NO OR UNKNOWN) (IF YES, GIV	GWAR OR DATES) 236-28	-5358 JANET S	MILLER	ABOVE)
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last	DUE TO, OR AS A CONSEOU	JENCE OF Artery C	MINAL DISEASE OR CONDITION C	GIVEN IN PART 1(a)
140. DATE OF OPERATION 110. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	h operation was performed	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED PTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH (DAY YEAR	RRED (ENTER MATURE OF INJURY IN ITEM 1	B, PART 1 OR PART 2}
(IF ETTHER, NOTIFY MEDICAL EXAMINER THE NOTIFY MEDICAL EXAMINER NOT WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	PARM, ETC.)	CITY OR TOWN	COUNTY STATE
saw the deceased alive an	ital) attended the deceased from		, ta, ta, death accurred an the date and h	5, 19 So , that (i) (we) la nour and fram the causes stated
235 SIGNATURE	moon	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
E CACE	year and a second	PHYSICIAN	DIRECTOR PHYSICIAN	
22d. PHYSICIAN'S NAME (TYPE O	DR PRINT)	220 ADDRESS 7676 New	Hampshire Av	et 30 & Tangley
22d. PHYSICIAN'S NAME (TYPE C	VAID			Churt of Langley

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101	7 3	1,-	STATE REGISTRAR			ICAL EXA					REG. NO.	8	6 3	
1	753		CEASED NAME	FIRST		WIDDLE		LAST		2e. DATE	KNOWN M	монтн	DAY YEAR	7b. HOUR
	E E E E		Je	ssie	Hen	derson	Mi	tchell		OF	ESTI-	7-	2.1980	427
	ARY, PLE LI DIRECT YOUR FE N 72 HO TON STRE	3. SE	FEMALE WHI	E S. D	2 25	OF LAS		INDER 1 YR.	HOURS MI		NCED	MONTH 7	2 1080	26. HOUR 4:27.
-	CESS CESS CESS CESS CESS CESS CESS CESS		IRTHPLACE (STATE OR DREIGN COUNTRY)	7ь.	CITIZEN OF WHA		Tr		VER MARRIED	1. BALTIA	MORE CITY OR	COUNTY		
	DELAY IS NE TO THE FUI V PAGE 5 I BE FILED, W	10. C	ITY OR TOWN OF DEA	ATH 11.	NAME OF HOSP	LITY, GIVE STREET AD	HOME, OR O		DIVORCED	FOR MOST OF WO		F WORK 17	7b. KIND OF BU OR INDUSTR	MD.
	DEL BE OS,	USU	Bethesda AL RESIDENCE (IF IN NO	RSING HOLE OR OTH	Suburb	an Hosp	ital			Housew	rife		Home	
21201	IF ANY DEL. 2, AND 3 TO 3. RETAIN DE SHOULD BE IL RECORDS,	13a. S	D.C.	None		Washing	OWN	13d INSIDE CI	TY LIMITS? 13	STREET ADDR	rnaby S	t. N.	.W.	
MD.	PW SPW		John	Br	ady	Hender	rson	FI	R'S MAIDEN N RST eah	IAME ,	MIDDLE	4	Simpson	
MOR	PAGE FORM S 1 AN	160.	WAS DECEASED EVER	IN U.S. ARMED	FORCES?	16b. SOCIAL SE		17. INFORM			ADDRESS	-		
BALTIMORE,	URS AFTER B. GIVE PA WITH FOR PAGES 1 DIVISION		NO			229-70-	-9859	Will:	iam L.	Mitchel	1 Same	as It	tem # 1	3
RECORDS, 301 W. PRESTON ST.,	HOULD BE EXECUTED WITHIN 24 HOURD PROPERTY IN TEM 18. RD "PENDING" IN PENCIL IN ITEM 18. LOSED AS A BURIAL: TRANSIT PERMIT. OF HEALTH AND MENIAL HYGIENE, D AL, CREMATION, OR REMOVAL.	NO	Conditions, if or gove rise to cause (o) stoting lying couse lost. PART 2 OTHER SIGNIFICANT	immediate the <u>under</u> -	(b) DUE TO, OR A	S A CONSEQUE	ENCE OF			Se354	2012			
REC	PEN	ATIC	19a. DATE OF OPERA	TION	196. CONDITIO	ON FOR WHICH	OPERATION	WAS PERFOR	MED?				20. AUTOPSY?	
VITAL	WORD "PER WORD "PER CHIEF A PER CHIEF A PER CHIEF A PER CHIEF A PER CHIAL, CREATE A PER CHIAL CREAT	RTIFIC	21g. EXTERNAL CAUS	T lava C								9	YES 🗆	NO X
DIVISION OF VITAL	ERTIFICATE ING THE W ED TO THE 3 SHOULD SEPARTMEN RIOR TO BU	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT	HOUR A.M. P.M.	MONTH DAY	YEAR 19	HOW INJURY	OCCURRED (E	NTER NATURE OF IN	JURY IN ITEM 18 PAR	IT 1 OR PART 2	2)	
DIVIS	WRIT WRIT VARDI VGE	MED	WHILE NOT AT WORK	WHILE [7]	21e. PLACE OF STREET, FACTOR		OME, 21f. L	STREET		CITY OR TO)WN	COUNT	ſγ	STATE
•	MEDICAL EXAMINI CUTE THE CERTIFIC, E A SHOULD BE F E NEW THE THE ENDEATH, WITH THE TIMORE, MARYLAND		22e. I certify that I deoth resulted fram. ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Natural co		Accident \square ,	Suicide C	Homici TITLE (SF	Puty	Inquiry Indetermined m MEDICAL EXAM	anner,	DATE SIGNED	July 2,	1980
	Bb———BATA	9	URIAL, CREMATION, RE PECIFY) Burial	7/5	5/80	Gate	of Hea	OR CREMATO	RY 23	d LOCATION city or town Silver	Spring,	соинту Ма	STA	ATE
	DHMH - 17 (VR A15 ME (5))	24. F	NERAL DIRECTOR OF NAME 5130 Wis	seph Ga c. Ave.	N.W. Wa	ash., D	C.	12	So. DATE REC'I	D. BY REGISTRA	R 256 REGIST	RAR'S SIG	NATURE	

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STATE OF MARYLAND DEPARTMENT OF H

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	- 5	TATE EGISTRAR		A	AEDICAL E	XAMINER	S CERTIFI	CATE OF DE	S _{TH} O	REG. NO.	8	6 3	2
		EASED NAME OR PRINT)	FIRST		MIDDLE	11	LAST	1)	OF	NOWN ESTI-	_ /	DAY YEAR	2b. HOUR
	3. SEX	4.	RACE	S. DATE OF BIR	RTH YEAR		IF UNDER 1 YR,	IF UNDER 24 HR		, A	HINON	DAY YEA	R 2d. HOUR
	-	n	w	oct ?	1 1900	29 YRS.		I I I I I I I I I I I I I I I I I I I	DEAD	JW	42	1901	D JJM
A	FORE	THPLACE (STATE		76. CITIZEN OI	F WHAT COUNT	N		VER MARRIED	Y. BALTIMO	RE CITY OR	COUNTY	OF DEATH	1
-	War	ren l	Pa. FDEATH	11. NAME OF	S.A.	SING HOME, OR	OTHER INSTITU		JSUAL OCCUPA	TION (TYPE OF	FORK 12	KIND OF	BUSINESS
6	0	Sil	Cph		LOISUV	ewills	BINAS	/ %	or most of working	ep. Re	etir	Rheen ed	Inc.
5	13a. ST	M.	IN MIRSON HOME	OR OTHER INSTITUTIONTY	N, GIVE RESIDENCE B	DR TOWN	YES 🗆	NO 2 34	TREET ADDRES	S		1	E April F
0	14. FA1	HER'S NAME FIRST		MIDDLE	L.	AST	15. MOTH	ER'S MAIDEN NAI FIRST	ME	DLE	8	LAST	
	16a. W	Hugh AS DECEASED	EVER IN U.S. AR	Eugene	M-	itchell AL SECURITY NO). 17 INFOR	Eona		ADDRESS		ampbe	
	(YES	NO, OR UNKNOW	N) (IF YES, GIVI	E WAR OR DATES)				M. Cla	rkson	3425 World	S.	Leisu	ire S.S. Mo
		18. CAUSE OF	TH WAS CAUSE				MYO	cardi	. / /	TS.		APPROXIM.	ATE INTERVAL ISET AND DEATH
			, it any, which		OR AS A CONS		m	18 CZV	die (1010		Yra	c
		lying cause		(c)_	, OR AS A CONS								
		PART 2 OTHER SIGN	IFICANT CONDITIONS	S CONTRIBUTING TO 0	EATH BUT NOT RELAT	EO TO THE TERMINAL (DISEASE OR CONDITION	ON GIVEN IN PART 1 :a .					
5	CERTIFICATION	19a, DATE OF C	PERATION	19b. CO	NDITION FOR V	VHICH OPERATIO	N WAS PERFO	RMED?				20 AUTOPS	SY?
ol.	RTIFI	71a, EXTERNAL	Von		E OF BUILDIN				5			YES [NO-EV
3		UNDERLYING		HOUR	E OF INJURY A.M. MONTH P.M.		It. HOW INJUR	Y OCCURRED (ENT	ER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART	2)	
	641				CE OF INJURY , FACTORY, FARM, ETI		f. LOCATION STREET		CITY OR TOW	N	COUN	ΤΥ	STATE
		220. I certify death resulted		ge of the remain		re, held an A	Autapsy	Inspection Dicide Unc	Inquiry (n my apin	ion	
		ACTUAL SIGNATURE	Jak.	20	Cog	and	TITLE (SPECIFY)	EDICAL EXAMI	NER	DATE SIGNEDI	Tw ly.	26,1980
O.	-	EXAMINED S N	Jo	hn S.	Rogers		ADDRESS.	Silv	er Sp	ring,	Md.		1120
	230.BU	RIAL CREMATI	on REMOVAL Strion	7 129/8	30 Me	AME OF CEMETE	ry or cremat tan Cr	ematory	LOCATION TY OR TOWN	11927	MAI.	A A X	MARI
	24. 80	NERAL DIRECT	m	19 Brot		434 Ga	Ave.	250. DATE REC'D.	0 4 1980	25b. REG	CARS SIO	fal.	1
	(Wa)	rner E	. rump	hrey,	Inc. S	ilver S	brrid	Mu.		1	1	- Crando	7

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10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

injury, ar other traumotic event, the medico

IMPORTANT: If them 21 is morked or them 18 shows ony

	STATE OF MARYL
·c	DEPARTMENT OF HEALTH AND

AND MENTAL HYGIENE 🤼

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REG. NO.					1.10

1.	FOR STATE REGISTRAR			DEPARTA		HEALTH AND MENT		NE 8	O REG. NO	1	8	6	3	3
	CEASED NAME OR PRINT)	FIRST		AIDDLE		LAST	2	2a DATE OF	DEATH A	HINO	DAY	YEAR	26 HOL	JR
		AKTH!		noldauer						7		80	3	PM
3 SE	Fan	MALE	RACE C	AJC.	5 DATE O	H DAY Y	94 1		EARS LAST BIRTH	DAY)	MONTHS	DAYS	HOURS	MIN
	IRTHPLACE (STATE OR FO	ORE IGN :	L CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARR	IED 7	BALTIMO	RE CITY OF	COUNT	Y OF DE	ATH		
	New York		US.		WIDOW	EDX DIVORC	ED 🗌	mo	ntgon	3 41 6	4			MD.
10 C	Octille	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	or other instituti ter Washir		(TYPE OF WORK	OCCUPATION OF OF MOST OF SEWIF	N WORKING L		KIND C DUSTRY	F BUSIN	ESS OR
13a	AL RESIDENCE (IF NURS STATE laryland	136 COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOW Bethesda	N	13d. INSIDE CITY LI	_	3e STREET /	address 8 Gle	nbro	ok R	load		
14. F	Morris	м	IDDLE	Rothste	ein	15 MOTHER'S MAI FIRST Rebec			MIDDLE			arsh	ie	
	vas deceased ever yes, no or unknown) No		MED FORCES? WAR OR DATES)	070-28-2		Dr. Irvir	ng M.	Roths	ADDRES				ı, D. Ave.	
	PART I. DEATH W Canditions, if any, gove rise to imm couse (a), statin underlying couse	IMMEDIATE which nediote ig the	DUE TO, OF	R AS A CONSEQUE	NCE OF	onary a	rnes	I						
CERTIFICATION	ASCAD - HB	P /CHI	4 hypo:	thyroidism	ps	CHOSIS OLD	BS	200 AUTÓ		20b. IF YE	S, WERE	E FINDIN	NGS USE OF DEA NO [TH?
	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY	OCCURRED	D (ENTER NA	TURE OF INJURY	IN ITEM 18.	PART 1 OR	PART 2)		
MEDICAL	21d INJURY OCCURE WHILE NOTWE	HILE [21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET			CITY OR TOWN	1	COL	INTY	S	TATE
	270 I certify that X saw the decease above, (I) (Was (c 22b. SIGNATURE	a live on	view the body	1919		DEGREE ATTEN PHYSI	IDING	MEDICAL	d on the dat		ur and f	rom the	that (I) (couses st	
	MANCSUA	TU	DALLAC					trose	Rd	Po	cku	ille.	Md	0
23a. l	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREM	ATORY	23d. LOCA	TION		COUNTY		ST	ATE

DHMH - 16 60M 1/75 (VR A 15 (4))

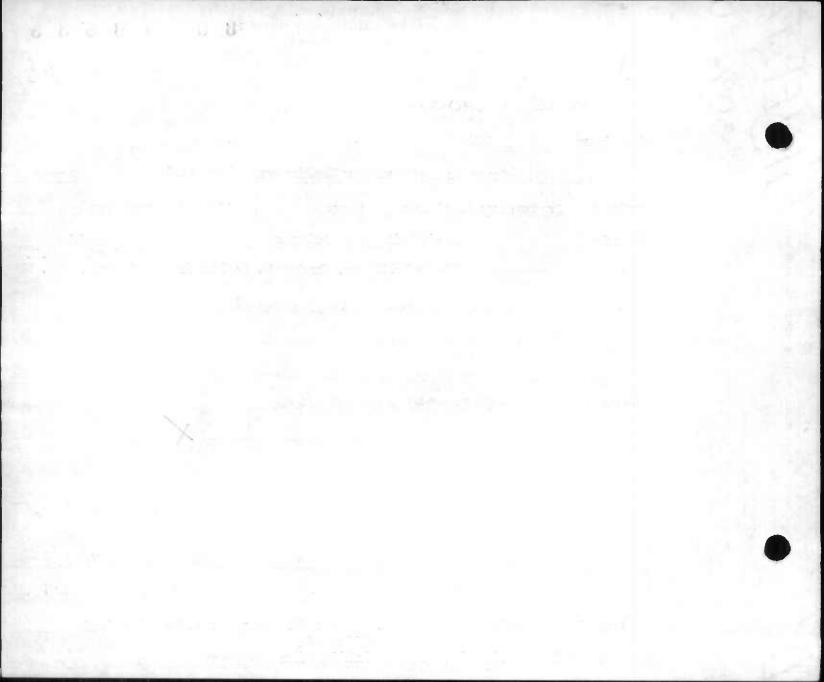
24 FUNERAL DIRECTOR

Burial July 20, 1980 Mt. Iebanon Cemetery

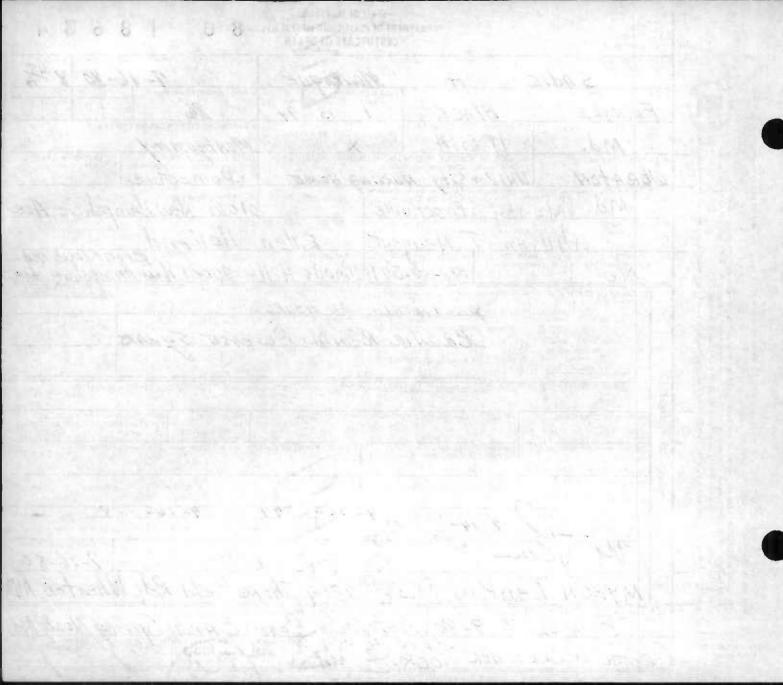
FUNERAL DIRECTOR

ADDRESS ROCKVILLE, Md. 250 DATE REC'
Danzansky-Goldberg Chapels; 1170 Rockville Pike 22

DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



	1-	FOR STATE	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENES O	8 6 3 4
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Page 4 may	3 SE)	EMALE	Black	5. DATE OF BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) SE YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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0 0 0 0 0		226. SIGNATURE	u .	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7-16-80
TO HOSPITAL TO FUNERAL Should be deto with the State MAPORTANT: I	22	MYRON L	enkin, M.	Dr 2309 Sho	retield Rd,	Wheaton, MD
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	REGISTRAR		CERTIFICATE OF	DEATH	REG. NO	1 0	0 0
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	YES, NO OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES)					
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BY REGISTRAR 258 DE ISTRAR'S SCHAHLIRE

STATE OF MARYLAND

BP. DHMH-16 25M (VRA 15, 4) 1/79 BURIAL 7/14/80

24 FUNERAL DIRECTOR FRANCIS J. COLLINS
NAME
ADDRESS

00 UNIV. BLVD. W., SILVER SPRING, MD. 20901

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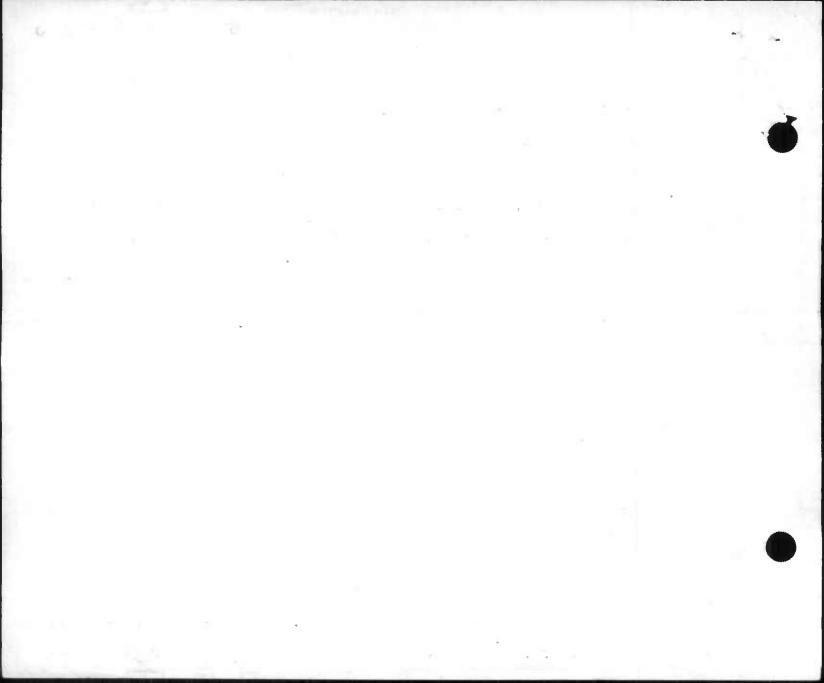
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7	BP.	- [

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		CEASED NAME FIRST		AST	24 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
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ouce 7	7a 81	irthplace (State or Foreign 7) COUNTRY) Treland	CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED	BALTIMORE CITY OR COUNTY O	
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11 notifie	Ta	akoma Park	JIFNOT IN SUCH FACILITY, GIVE STREET ADDRESS) WASHINGTON ADVEN	0	(TYPE OF WORK FOR MOST OF WORKING LIFE) Housekeeper	NOUSTRY Home
305	130. 3	AL RESIDENCE (# NURSING HOME ORG STATE 136 COUNT aryland Mon		134 INSIDE CITY LIMITS?	6403 Winnepeg	Road
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5	23a E	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		emetery or crematory glin Cem.		unity STATE rry Treland

DHMH-16 20M {VRA 15, 4} 7/7B

NAME Homes, P.A. Bethesda, Maryland

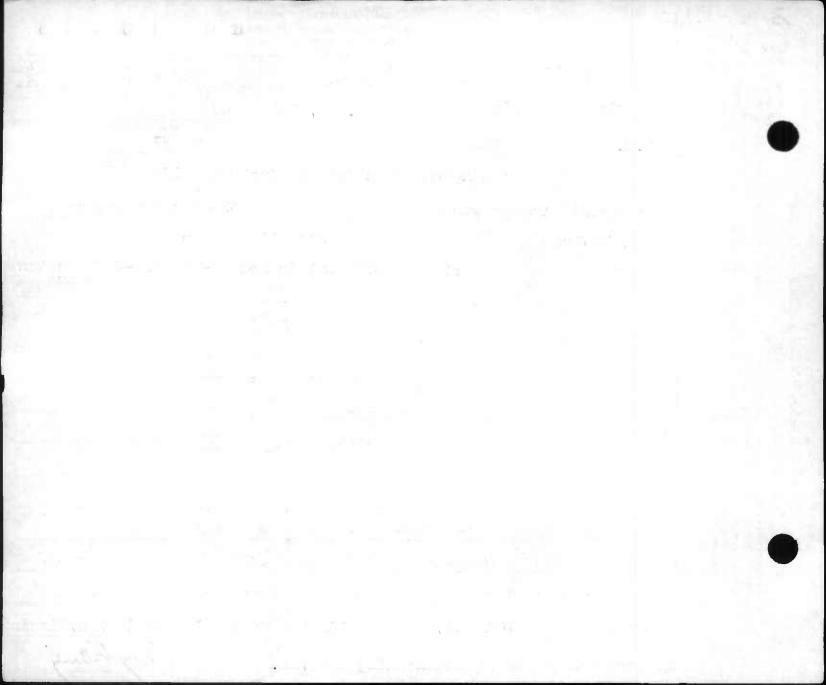
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	TO HOSPITAL C	TO FUNERAL D

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21 IS ma		saw the deceased alive a	n 7/7 19 Cold view the body after death.	, and that in (my) (per) opinion	deoth occurred on the date on	d hour and from the couses stat
II. It Hen		Leely 2 CV	. menuneld		MEDICAL STAFF DIRECTOR PHYSICIAN [221. DATE SIGNED
APOKI AN		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS 83/ Ulus'ilu	ity GrdE	fluer Spring 1
≥	23a. E	urial, cremation, remova Burial	1	ame of cemetery or crematory 80 ATTINGTON 1	23d. LOCATION CITY OR TOWN Tational A	rlington, Vir
		NAME PAIN OF A	I Homo-4001 Bo	250 DAT	E REC'D. BY REGISTRAR 256. R	GISTRAR'S SIGNATURE



67	ATP	OF	88 8	BW I	A ALD	
21	A 11-	UPP	FRA	K T I	AND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Home

Maryland

	FOR STATE REGISTRA
M	1. DECEASED NA (TYPE OR PRINT)

fary land

REG. NO ME FIRST MIDDLE 2ª DATE OF DEATH MONTH 26. HOUR 11:00P Mary Dugan Morris July 25, 1980

5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) 4 RACE IF UNDER 24 HRS Jan. 16". 1900 Female Caucasian 80 7a. BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash., D.C. U.S.A. Montgomery County WIDOWED 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR

YES X

NO T

A CITY OF TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda 7616 Masena Road

Bethesda

213-50-5124

136 COUNTY

Mont gome ry

(TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 7616 Masena Road 13c CITY OR TOWN 134 INSIDE CITY LIMITS?

Mrs. Mary M. Fortunato

14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John Ellen Twomey Mary Dugan 118 Aragonaportr. Oxen Hill 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

IL CAUSE OF DEATH (Enter only one couse per line far-tat; (in), and ici PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

	196 DATE OF OPERATION	198 CONDITION FOR WHICH OPERATION			IN CERTIFYING CAUSES OF DEATH			
				YES 🗌	NOKX	YES 🗌	NO 🗌	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRED	ENTER NA	TURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19						
	214 INJURY OCCURRED	21e PLACE OF INJURY	21F LOCATION STREET		CITY OR TOW	n COUNTY	STATE	
١	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		CIITORIOWN		COOM!	STATE	
			2411					

sow the deceased alive 1017 obove (1) we) (did) (30 of three the bod and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22h. SIGNATURE Mr. DATE SIGNED ATTENDING MEDICAL July 28,1980 PHYSICIAN TO DIRECTOR PHYSICIAN

17 ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT #505 5530 Wisconsin Cilwa who AND Chevy Chase Md.

Stanley H.	stive ibeig,	ri . D .	3330	1120 00110	1110.	ond vy on a	50,110
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236 DATE T11 1 37	23c NAME OF	CEMETERY OR CR	EMATORY 23d	LOCATION	COUNTY	STATE
Burial	1980	Mt. 01	ivet Co	metery	Washingt	on, D.C.	1

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH-16 25M (VRA 15, 4) 1/79 Homes. P.A.

Bethesda, Maryland

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-		1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 ()		3 6	4 0
	- 1		CEASED NAME FIRST		MIDDLE	ł	AST	2a DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
黄 荒	- 1	(1112	Katl	hryn	A.	Mo	rton		7 30	80	8:00 AM
E 85	- 1	3. SE	(4 RACE		S DATE C		& AGE (IN YEARS (AST BIRT		JNDER I YEAR	IF UNDER 24 HRS
age 4		F	'emale	Cauc	asian		h 7, 1929	51	YRS.	ITHS DAYS	HOURS MIN
death, P neral tit 72 hour	86	C	RTHPLACE (STATE OR FOREIGN DUNTRY) LS CONSIN	US A	F WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTYO		MD
	00		or town of DEATH	(IF NOT IN	FHOSPITAL, NURSIN SUCHFACILITY, GNE STREET Westpat	ADDRESS	OR OTHER INSTITUTION	170 USUAL OCCUPATION OF THE CT OF WORK FOR MOST OF THE CT OF	ON F WORKING LIFE)	IZE KIND OF INDUSTRY! Servi	amily ce
fin 24 to find and directors	35	USU	TATE 136 C	NE OR OTHER INSTITUTE OUNTY Ontg.	DN, GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Bethes	E ADMISSION!	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 5000 West	path T	Nont; errac	
mplettely mg 2 sho	50	14. FA	THER'S NAME Charles	MIDDLE	Aring	,	15 MOTHER'S MAIDEN NAME FIRST Edna	WE		omann	
e he exec Pages 1 a	1	16a V	VAS DECEASED EVER IN U.S ES, NO OR UNKNOWN] (IF YES NO	ARMED FORCES	396-24-		17 INFORMANT Herbert C	. Morton			13
w retairm that the death cert in signed by the attending ph her please remove carbon por ris burial, cremation, or rest wy injury, or other triummatic.		NO	Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, DUE TO, DUE TO. DUE TO.	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	4 m	~ · · · · · · · · · · · · · · · · · · ·
V: The law rie has be permit. I pene prid. 3 shows a	2	CERTIFICATION	19a DATE OF OPERATION	196 CON	IDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	G CAUSES	GS USED OF DEATH?
PHYSICIA ng physicial this certific It urial-transi It Mental Hy	9	_	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	216 HOW INJURY OCCURE	RED LENTER NATURE OF INJUR	TY IN ITEM 18, PART	OR PART 2]	
NG ndir fter and and arke		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.}	211 LOCATION STREET	CITY OR TOW	ſΝ	COUNTY	STATE
OR ATTEN nospital or a DIRECTOR: sed for use a ept. of Heal f Item 21 is	1		22a. I certify that (I) (this h saw the deceased alive above, (I) (ma) (did) (the 22b. SIGNATURE	e on JULY	dy ofter death.	80	nd that in (my) (our) opinion of DEGREE ATTENDING	MEDICAL STAF	ate and have a	22c DATES	SIGNED
TO HOSPITAL retained by the I TO FUNERAL I should be detach with the State D IMPORTANT: I	7		774 PHÝSICIAN'S NAME IT Herbert L	YPE OR PRINTI)			PHYSICIAN (2) 270 ADDRESS 10215 Fernw	DIRECTOR PHYSIC			30,198
Bb To sho with			URIAL CREMATION, REMO		23€ 1		etropolitan	Crem.	19 xan	dria	V a.
DHMH-16 25N (VRA 15, 4) 1/	VI I		omes, P.A.	Bet	Pumphre hesda, M		neral 25, DAY	REC'DABY REGISTRAR	150 REGISTRA	RESSIONAR	Me y

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	TENDING PHYSICIAN, The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be pital or attending physician.	TOR After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after dea
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DHMH-16 20M

(VRA 15, 4) 7/78

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) Alta Turner Mover 20 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS MONTH White 17,1896 Female 84 Jan. YRS To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Montgomery Ohio WIDOWED MD. ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR [# NOT IN SUCH FACILITY, GIVE STREET ADDRESS] (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Carriage Hill-Bethesda Bethesda Comptroller Treasury USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 COUNTY 136 CITY OR TOWN 13e STREET ADDRESS 134 INSIDE CITY LIMITS? None Washington D.C. 2801 Quebec St. N.W. YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Faber Sena Turner Henry 110 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT 2801 Quebec St. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Kathleen R. Southey-FriendWash., D.C. 20008 578-46-0196 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE AT WORK NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from 80 sow the deceased alive an and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE 22c DATE SIGNED

23a BURIAL, CREMATION, REMOVAL 236 DATE 7/7/80 (SPECIFY)

Burial

23c NAME OF CEMETERY OR CREMATORY Clay Cemetery

22e ADDRESS

DEGREE

ATTENDING.

PHYSICIAN

Genoa, Ohio

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

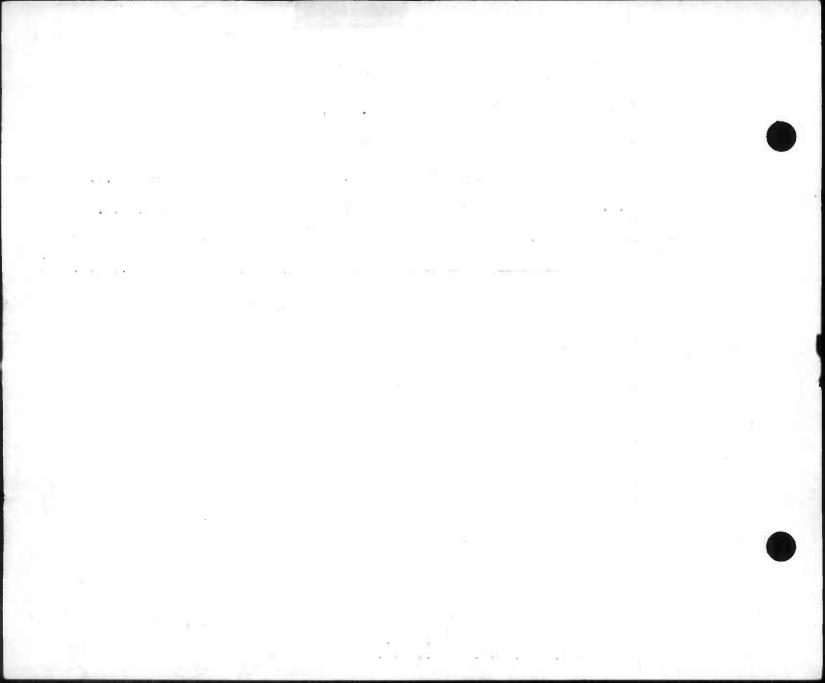
5130 Wisc. Ave. N.W. Wash. D.C. 20016

250. DATE REC'D. BY BEGISTRAR 28 REGISTRAR 45.5

STAFF

DIRECTOR PHYSICIAN

MEDICAL



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after certificate by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the forestal streetly should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after dean with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORD	TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 21 is marked or Item 18 shows any

Let be notified at once.

CERTIFICATE OF DEATH		REG. NO.		- 12		- 44	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	0		8	6	4	4
STATE OF MARYLAND			-77				
				_	_		

1.	STATE REGISTRAR			FICATE OF DEATH	REG. NO.	186	4 2
	CEASED NAME FIRST	MIDDLE		LAST	26 DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
(MERYL	LOUI	SE MC	YERS	July 7, 1980		12:10Am
3. SE		4 RACE	5. DATE	OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White	July		38	YRS. DAYS	HOURS MIN
7e. Bi	RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.	MARRIE	D NEVER MARRIED	Montgome		MD.
100	thesda	(IF NOT IN SUCH FACIL	ITY, GIVE STREET ADDRESS!	chesda. MD	124 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOR HOUSEWife		OF BUSINESS OR
USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RE	ESIDENCE BEFORE ADMISSION	1134 INSIDE CITY LIMITS?	113e STREET ADDRESS		
	ryland n/s	0 3 /	wie	YES TO NO	13543 Youngw	and Turn	
	ATHER'S NAME			15 MOTHER'S MAIDEN NA	WE	100 10111	
	-	MODIE	LAST Control I d	FIRST COO	MIDDLE	Costlo	
14a V	Roger		Dougald OCIAL SECURITY NO.	Grace IT INFORMANT	ADDRESS	Castle	berry
(8-56-8771		. Moyers, Hus	band (same	as above
ATION	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause ioi, stating the underlying cause last. PART 2 OTHER SIGNIFICANT COMMENT CAUSE IN COMMENT CAUSE IN COMME	DBY E CAUSE (0) DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRI	CONSEQUENCE OF	5/P Chemok	INAL DISEASE OR CONDITION	S S S S S S S S S S S S S S S S S S S	NGS USED
CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)			21c HOW INJURY OCCUR	YES NO NO RED (ENTER NATURE OF INJURY IN I	CERTIFYING CAUSES YES TEM 18, PART 1 OR PART 2	NO [
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF IN. (AT HOME, STREET, FAI	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a.l certify that (A) (this haspi saw the decepsed alive an abave, Nr (we) (did) (drame 22b. SIGN LLIFE	July 7	19.80	27, 19, 1980 nd that in XX) (our) apinipn DEGREE	to		
	Sol5	7.12	1 mo	ATTENDING PHYSICIAN			7/80
-	Robert I:	PARKER			nal Institute ter, Bethesda		
23a. E	BURIAL, CREMATION, REMOVAL	236. DATE 1 980	23t. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE

BP. DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

Capitol Funeral Service

Fairfax, Va.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

. of state of the large of Endings

	1 -	FOR STATE REGISTRAR		DEPARTI	CERTIFICATE OF DEATH REG. NO. 1 8 6 4 3					
1		EASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26. HOUR
ı	(TYPE C	MARCHARINE	ZARST	- 5.	0	NULVEHILL		7 ,	2180	400 1
	3. SEX		RACE		S. DATE		6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
ı		Female	Cauca	sian	Nov	". 13°, 18°9°2	87	YRS	MONTHS DAYS	HOURS MIN
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	S AAA DDIE	D NEVER MARRIED	9. BALTIMORE CITY		- 1	
ı		ish., D.C.	US	A	WIDOW		MONT	G-01	nery	MD.
	10 CIT	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPATION OF WORK FOR MOST	OF WORKING LIF		F BUSINESS OR
)		BETH ESDA	5	SUBUR	13:Ar	1	Homemak	er	Н	lome
1	USUA 13a. 5	TATE 13% COL	ON OTHER INSTITUTION	GIVE RESIDENCE METOR		1134 INSIDE CITY LIMITS?	IJe STREET ADDRESS			
Ì	-	Md. Mo	ntg.	Bethes	da	YES XX NO	Control of the Contro	mwell	Drive	100
-	I.E.FA	THER'S NAME	WEDLE	LAST		15 MOTHER'S MAIDEN NA	WE MIDDLE		XASE	
į		Edward		Furr		Dora			Ander	son
		AS DECEASED EVER IN U.S. A	RMED FORCEST	146 SOCIAL SECU	RITY NO	17. INFORMANT	ADD	iess		
ı		No	1	578-10	-434	Charlotte	M. Schmi	dt	Same a	s 13
1		PART I DEATH WAS CAUS	only one couse pe	line for iai, ibigar	id ic	0	_		SETWEEN O	HTARG GHAT MHS
			ATE CAUSE (0)	1.9	w	Combes				
	ш	3370	DUE TO, O	R AS A CONSEQU	ENCE OF	7	0 .			
Ì		Conditions, it any, which are to immediate (b) Mesanlone occursion								
		couse (a), stating the	DUE 70, 0	R AS A CONSEQU	ENCE OF	79	00			
			(10)_	P	RIO	perature a	consor			
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH B	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION GIV	VEN IN PART 1(o	31
_	CERTIFICATION	19a DATE OF OPERATION	TION CONIC	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20h IF YF	S. WERE FINDIN	4GS LISED
7	5	DATE OF OPERATION	A CONL	O O	/	Sea ella		IN CERTI	IFYING CAUSES	
	E	21a. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY	made	1216 HOW INJURY OCCUR				NO
		OR CONTRIBUTING CAUSE OF D	EATH HOUR A	M. MONTH D			,			
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED		.M. OF INJURY	19	211 LOCATION				
	ME.	WHILE NOT WHILE AT WORK	(AT HOME, S	REET, FACTORY, OFFICE,	FARM, ETC }	STREET	CITY OR TO	NWC	COUNTY	STATE
		22a.1 certify that (I) (this has	oital) attended t	he deceased from	7	-7 1980	107- 2	L	1900	that (I) (we) last
		saw the deceased alive of	7- 7	19 1	88 .0	and that in (my) (our) apinion	death occurred on the	date and had	ur and from the	couses stated
		above, (I) (we) (did) (did	nat view the bad	anter death.	3	DEGREE		- 137	22c DATE	SIGNED
		NOV/A	16	12.6	m	ATTENDING PHYSICIAN	MEDICAL ST	AFF	7-	22-00
		224. PHYSICIAN'S NAME (TYPE	OR PRINT]			22e ADDRESS	7		a R	ockwall.
		JAMSS	PM	10 CARK	21016	1 809 VI	ERS MIC	LR	DAD	md.
Ī	23a B	SURIAL, CREMATION, REMOVA	AL 23b. DATE	230	NAME OF	CEMETERY OR CREMATORY	236 LOCATION CITY OF TOWN		COUNTY	STATE
	1	ntombment	Jul. 24	, 1980	Ft	. Lincoln M		adens	sb urg.	
	24 5	INTERNAL PROPERTION IN 1	A. A	73 1		125a DA	TE DEC'D BY DECISTEA			IDE

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours af with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumanc

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after intel or attending physician.

TO HOSPITAL OR ATTEI

notified at once.

Homes, P.A. Bethesda, Md.

Robert A. Pumphrey Funeral

JUL 2 8 1980

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ATTENDING PHYSICIAN The law

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. 20	1		CEASED NAME ORPRINT)	FIRST	٨	NIDDLE	26. 7		AST		2a	DATE OF	DEATH	MONTH	-	YEAR	2b. HOU	1
雅			Agne			С.		vihi]						7/3		80	12:	
1	100	3. SEX		•	RACE			5. DATE C	DA			AGE (IN YE	ARS LAST BIRT	THDAY)	MONTHS	DAYS	IF UNDER	AIN.
	040		Female		Whi			Sept	29	190			77	YRS				
eral d	\$75		RTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF	WHAT COU		MARRIEI		ER MARRIED			gome	_	ITY OF DE	AIH		MD
within within	2 X		ry or town of DEA ethesda	ATH 3	1. NAME OF H	H FACILITY, GIVE	NURSING	HOME O		INSTITUTION	V 12a	PE OF WORK	FOR MOST C	F WORK INC	LIFE) IND	USTRY	F BUSINE	SSOR
the fried	10		AL RESIDENCE (IF NURS	SING HOME OR OT	THER INSTITUTION,		E BEFORE A	(DMISSION)	13d INSID	E CITY LIMIT	TS? 13e	STREET	ADDRESS		erk		li'	GOV
E 53	12X		w Jersey	Atla	ntic	Atla	anti	C C		₹ NO □		2630	At]	lant	ic A	ven	ue	
do	3	14. F.A	THER'S NAME FIRST	MIC	DDLE	LA:	si rrel	1		FIRST Agnes			MIDDLE			Bow		
8.	1		AS DECEASED EVER			166 SOCIAL			17 INFOR				ADDR					
Pages nr. the	3 5	(4	ES, NO OR UNKHOWN)	(IF YES, GIVE W	AR OR DATES)	154-	-22-	211	Mar	cie M	. Ro	oney	520	D2 A	lta	Md		
System Spers	S and		PART I. DEATH W	H (Enter only	one couse per BY	line for (o),	. 1		-			0.				APPROXIVE EN CO	NATE INTER	DEATH
ng ph on page	1/2		211111	IMMEDIATE	CAUSE (o)	M	an	ar	1as	mper	Year	ll.	_	_		my	rut	1
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STATE OF MARYLAND

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1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE 8 0	186) 4 5
	CEASED NAME FIRST		AIDDLE	LAST	In DAIL OF DESTRICT	MONTH DAY YEA	18 1100K
(11)	Rode	erick	Muri	cay	July 30	1980	1245P M
3 SE	Male	4. RACE Caucas	ian "	TE OF BIRTH ONTH DAY YEAR 19. 12 1909	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS. AYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY) ew Zealand	76 CITIZEN OF		RRIED X NEVER MARRIED DIVORCED			MD.
	ity or town of death ethesda	W NOT IN SUC	HEACHITY GIVE STREET ADDRESS	dical Center	Type of work for most o Physician	F WORKING LIFE) INDUS	nd of Business or TRY blic Healt
13a.	AL RESIDENCE (# NURSING HO) STATE D.C.	e or other institution. OUNTY	GIVE RESIDENCE BEFORE ADMISSI 13(. CITY OR TOWN Washington	13d. INSIDE CITY LIMITS? YES A NO	5714 Sprin	ngfield Dr:	ive
14. F	ATHER'S NAME FIRST Kenneth	WIDDIE	Murray	15. MOTHER'S MAIDEN N	AME	Mo	cLeod
		ARMED FORCES? S. GIVE WAR OR DATES)	16b SOCIAL SECURITY N 579 52 9092		ADDRE ra Murray. Se		
	18 CAUSE OF DEATH (Entre PART I. DEATH WAS CA IMME Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O b c DUE TO, O DUE TO, O DUE TO, O			on	BEIW	PROXIMATE INTERVAL MEEN ONSET AND DEATH
NO	PART 2. OTHER SIGNIFICA	NT CONDITIONS <u>Co</u>	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	rminal disease or con	DITION GIVEN IN PAR	RT 1(0)
CERTIFICATION	198. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY? YES ₹ NO□	20b. IF YES, WERE FIT IN CERTIFYING CAL YES 🙀	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	DE DEATH HOUR A.	M. MONTH DAY YE		JRRED - (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PAR	T 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FARM, ETC	211. LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
	22a.1 certify that (I) (this h sow the deceased aliv above (I) (we) (did) (d			_, and that in (hy) (our) apinio	, 10	ote and hour and from	
	72h SIGNATURE	week !	mi	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF	NATE SIGNED

should be detoched for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If Item 21 is marked or Item 18 shows any

DHMH-16 30M 2/B0 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Cremation 236 DATE Aug. 1. 80

194 PHYSICIAN'S NAME (THE DEPRINT)

23c. NAME OF CEMETERY OR CREMATORY Lee's Crematory

23d LOCATION
CITY OR TOWN
Washington, D.C.

STATE

St N.E. Washington, D.C. FUNERAL DIRECTOR 300 4th Lee Funeral Home

Browning J M.D.

22e ADDRESS

23 MERCO BIOS RAR ISI

National Naval Medical Center, Bethesda, Md.

\$ 10 \$ as a security of all required Aug. 1. 80 Ine a Jesundony Lashingto, D.J. 300 Lash St R.L.

STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 per estimated by the hospital or aftending physician.
TO FUNEXAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, across should be detached for use as the burnal-transit permit. Then please remove carban papers: Pages 1 and 2 should be filed within 72 hours offer the property of

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	1 - STATE REGISTRAR	DEPARTA	MENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	1 8	3 6	47
1	DECEASED NAME FIRST	MIDDLE	1	AST		AONTH DAY	YEAR	26 HOUR
	(TYPE OR PRINT) Albert	S.	NATH	AN	July 17	7 19	80	9:47P "
	3 SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH		INDER I YEAR	IF UNDER 24 HRS
	Male	Caucasian	Ju	ne 20 1894	86	YRS.	ITHS DAYS	HOURS MIN
	7a. BIRTHPLACE ISTATE OR FOREIGN New York	76 CITIZEN OF WHAT COUNTRY? USA	44 4 DD IS		9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery			MD
s	io city or town of death Bethesda	11. NAME OF HOSPITAL, NURSIN (ENOT IN SUCH FACILITY, GIVE STREET, National Naval	Medi	cal Center	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF U. S. Army		126 KIND O INDUSTRY	F BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OF D. C.	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOWN Washingt	N	13d. INSIDE CITY LIMITS? YES ** NO [13. SIREET ADDRESS 4529 Grant	Road,	N.W.	
I	FATHER'S NAME Ralph	Nathan Nathan		15 MOTHER'S MAIDEN N. FIRST Flora	AME	Roge	rs (AS	ī
Ť	60 WAS DECEASED EVER IN U.S. AR	WARORDATES		17 INFORMANT	ADDRES			Mass.
l	Yes (1912	-59 092 07	9090	Mrs. Flora I	Haas, 25Mario	n Road	, Arl	ington/
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	Z 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	IG CAUSES	
1	OR CONTRACTOR CALLER OF DE	216. TIME OF INJURY HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART	OR PART 2]	
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.}	21f LOCATION STREET	CITY OR TOW	٧	COUNTY	STATE
l	22a. I certify that 1) (this hospi saw the deceased alive an above, (1) (we) (did) (1) 4 %	tal) attended the deceased fram	July 0 a	16 , 19 <u>80</u> and that in/n/y) (aur) apinior	, to <u>July</u> a deoth accurred on the da	7, 19. te and hour or		that (IV (we) last causes stated
	226 SIGNATURE	nome MA.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		July	SIGNED 18 1980

Mark O. Browning, M.D.

National Naval Medical Center, Bethesda, Md.

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 236 DATE 7-22-80 23c. NAME OF CEMETERY OR CREMATORY Arlington National

23d LOCATION
Arlington Arlington v_a^{STATE}

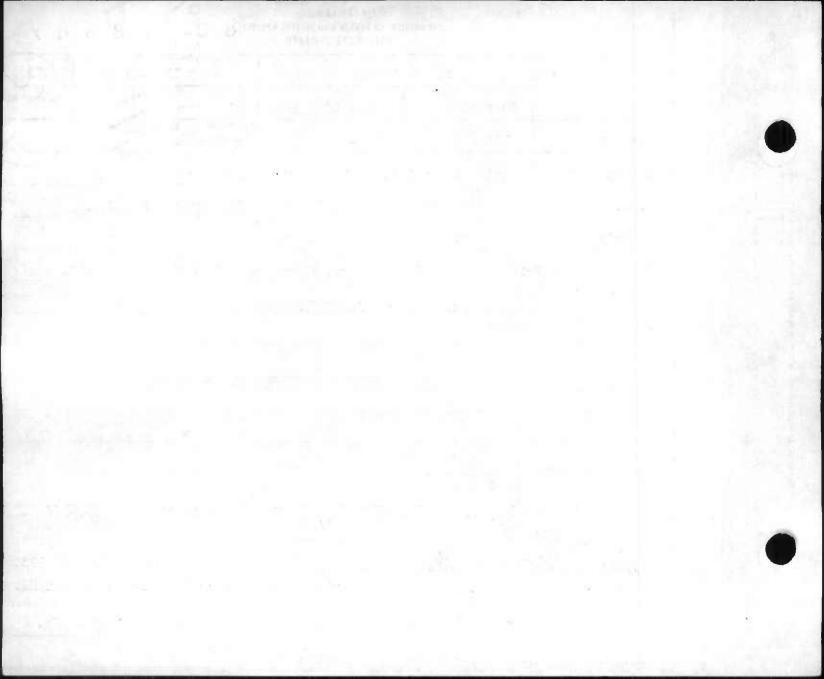
24 FUNERAL DIRECTOR DHMH - 16 50M 1/76

(VR A 15 (4))

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should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or IMPORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumatic

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TO HOSPITALE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Cetained by the hospital or attending physician.

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000	10 CI	TY OR TOWN OF DE	ATH 11		PITAL, NURSING F	TOME OR OTHER II	NSTITUTION	12e USUAL OCCU		12h. KIND SUFE) INDUSTE	
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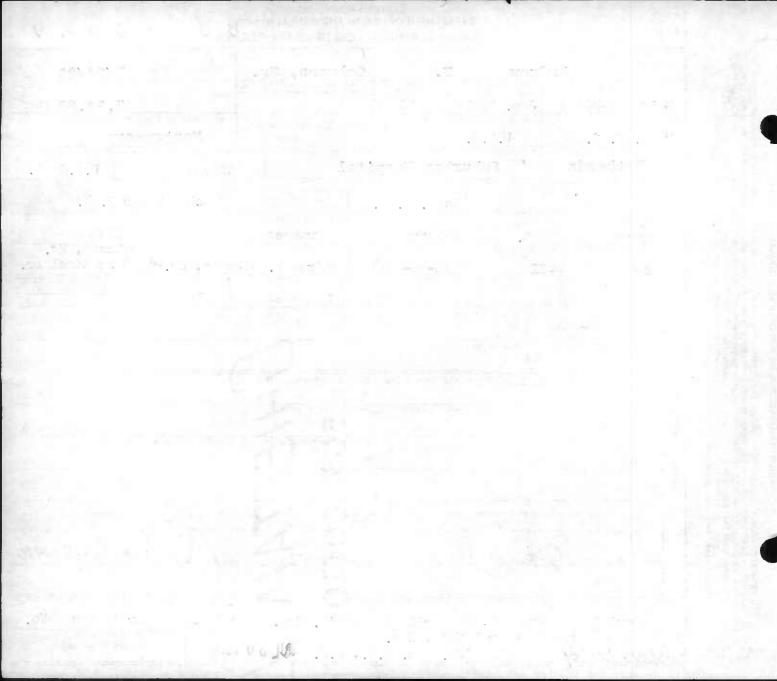
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STATE OF MARYLAND

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ottending physician and completely filled in by the funeral dir ove carbanpapers. Pages 1 and 2 should be filed within 72 hau

certificate be executed

requires that the death

OR ATTENDING PHYSICIAN: The law

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remaye carbon paper with the State Dept. at Health and Mental Hygiene priar to burial, cremation, ar removal. retained by the hospital or attending physician

TO HOSPITAL C DHMH - 16 50M 1/76 (VR A 15 (4))

	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYL HEALTH AND FICATE OF I	MENTAL HYG	IENB	O REG. 1	10.	8	6 :	5 ()
		CEASED NAME OR PRINT)	First	ncis	M		Onle	У	20 DATE	OF DEATH	07	24	YEAR 80	2h HO!	OAM
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5	C	RTHPLACE (STATE OR FOUNTRY)		U.S.		MARRI		VORCED		ore city Montg	_		DEATH		MD.
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5	130 9	AL RESIDENCE (IF NURS	13b COUNT Mont	Y	13c CITY OR		13d INSIDE C	ITY LIMITS?	1931:	T ADDRESS		bury	/ Lan	e	
50	14 FA		у Т. Ő	nley	LAST		13 MOTHER	FIRST Mary				10	LAS	ST	
1		VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARM		723_1	4_8291	Larry	Onley	(son)	same		13		IMATE INTE	
	7	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T							INAL DISE	ase or coi	NOITION	GIVEN	N PART 10	0	
2	CERTIFICATION	190 DATE OF OPERA 7-22 210. ACCIDENT WAS UN OR CONTRIBUTING	DERLYING	21b. TIME C	FILES	DAY YEAR	Jennu 121c. HOW IN	DRMED	YES [NO NATURE OF INJ	IN CE	RTIFYING	ERE FINDING CAUSES		TH?
	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOT W AT WORK AT WO	RED	21e PLACE	,M. OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	NC		CITY OR TO	OWN	C	COUNTY	S	TATE
		22a.1 certify that (I) sow the deceas above, (I) (we) (i 22b. SIGNATURE	(this hospite		ofter death.			(our) opinion of	MEDICA	ίι _ sτ	AFF _	hour one	d from the	couses st	toted
)		Mario H.	,				22e ADDRES						v. Mc	1. 20	1832
	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE	20	23(. NAME OF	CEMETERY OR	CREMATORY	23d. LO	CATION YORTOWN		ćou	NTY	51	TATE

Burial | 7-26-80 | Mt. Zion Cemetery

4 FUNERAL DIRECTOR 246 N. Washington Street 2
George R. Snowden Rockville, Md. 20850

y Sellmar 250. date rec'd, by registrar JUL 28 1980 Seliman, Maryland mon ca.

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	3. SE	FEMALE		White	e	S DATE O	OF BIRTH	4 AGE (1916 74	ARS LAST BRITIS	DAY) YRS.		DATS	# UNDE	
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5	USU,	at RESIDENCE (# NU STATE aryland	Montg	IA	Rockvill	N	134 INSIDE CITY LIMITS? YES X NO	4201 H	edera	1 St	reet			
1	14. FA	Cecil	-	pton	Schr	iver	15 MOTHER'S MAIDEN NA PMS1 RUSSCe11		MODIF		Hi	11	ř	
	19	WAS DECEASED EVE YES, NO DRUMENOWN) NO	R IN U.S. ARM	NED FORCES? WAR ON DATES!	217 18 4		Mrs. Ruth Pa	ge, san	addres ne as	Same	9			
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DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici blood be disached for use as the furtial transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burius, cremation, or removal.

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		1.	FOR STATE REGISTRAR		DEPARTM	NENT OF HEA	OF MARYLAND LLTH AND MENTAL HY ATE OF DEATH	GIENE 8 0	1 8	6	5 2
			CEASED NAME FIRST OR PRINT)	MIDD	i.E	LAST		2. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
81			JAN		SHERI		OWENS	JULY			6:35 A
1	oj.	3. SE		4 RACE		5. DATE OF	BIRTH DAY YEAR	6. AGE IN YEARS LAST BE	MONTHS		HOURS MIN
L/EE/V	OUC -	12. 01	MALE	WHITE	AT COUNTRY	AUG	21,1902	77	YRS	FATH	
uner 1 d	To land	NI	RTHPLACE (STATE OR FOREIGN DUNTRY) EW YORK	U.S.A		WIDOWED			OMERY		_ M
		S	LVER SPRING	14707	LINDSEY	LANE	OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST PENOLOGIS	OF WORKING LIFE! IN	DUSTRY	BUSINESS OF
tely filled in should be fil	miller m	13a S	ARYLAND MON	DUNTY 13c	ERESIDENCE BEFORE CITY OR TOWN ILVER ST	PRING	INSIDE CITY LIMITS?		DSEY LANE		
	exa	14. FA	THER'S NAME	MIDDLE	LAST	1:	MOTHER'S MAIDEN N	AME	2	LAST	
9 9	A Comes		GEORGE	WESLEY	OWEN:		JANE		MORRI	ISON	
0-	the med			GIVE WAR OR DATES)	SOCIAL SECUI		7 INFORMANT	ADDF			
- CO			NO		578-40-	5407	GERALDINE S	. OWENS	SAME AS 1	13	WIFE
ph ph	atic event,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r anly ane cause per lime USED BY DIATE CAUSE (0)	for (a), (b), and	Junion Land	~ 48h	in show	Johns	BETWEEN ON	ATE INTERVAL ISET AND DEATH
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te has be	s shows a	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATION	WAS PERFORMED	YES NOW	206. IF YES, WER IN CERTIFYING YES	CAUSES O	SS USED OF DEATH?
ys ys tra	Ttem 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INFEITHER, NOTHY MEDICAL EXAMI	DEATH HOUR A.M.		Y YEAR	TE HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18, PART 1 OF	R PART 2]	
	narked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I	INJURY FACTORY, OFFICE, FA	1	II LOCATION STREET	CITY OR TO	WN CO	PUNTY	STATE
tal or att	1		220.1 certify that (I) (this bo	dr 613	195	ond, ond	that in (my) (our) apinion	to	19 19 date and hour and		at (I) (wh) los
he hospi	1		above, (I) (we) (did) (did 226. SIGNATUIL	Apply view the body after	or death.	DE	GREE ATTENDING PHYSICIAN	MEDICAL STA		247/6	SU SE
retained by t	I AN		224 PHYSICIAPIS HAME (TY	TE ORPRIATI)	NW	D	20 ADDRESS	- Philips	so Ohe	y was	2835
BP		(URIAL, CREMATION, REMOV BURIAL	JULY 9,1	980 PA		NETERY OR CREMATORY	ROCKVI L	LE MC	ÖNT	STATE MD.
DHMH-16 2!	5M	24 FI	NAME DIRECTOR FRANC	CIS J. COLL	TNRORESS			TE REC'D. BY REGISTRAF	256 REGISTRAR'S	SIGNATUR	
(VRA 15, 4) 1			OO UNTV BLUD	W STIVED	CDDING	UD 0	1001 JU	L 1 1 1980	propay/	xelv	ooly

STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours at
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 21 is marked or Item 18 shows any injury or asher traumatic event the medical eventions must be notified at once

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the me

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYG
CERTIFICATE OF BEATH

GIENE 8

6 5 3 8

FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	8 5 5 3
1. DECEASED NAME FIRST (TYPE OR PRINT)	Charlest	Paladini		DAY YEAR 28. HOUR 9 15 AM
1. SEX Male	white	S DATE OF BIRTH MONTH DAY YEAR Oct. 21 1912	67 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
7r. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D.C.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Mont.	OF DEATH MD.
Silver Spring	(IF NOT IN SUCH FACILITY, GIVE STRE	Cross	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIE Bankot	industry Madison National
14 FATHER'S NAME FIRST LOUIS	tgomery Kensing Mode LAST C. Paladi	TAN 134 INSIDE CITY LIMITS? YES NO 155. MOTHER'S MAIDEN NA FIRST NAN	WIDDLE	LAST Travis
160 WAS DECEASED EVER IN U.S. AI 1YES, NO OR UNKNOWN) 1# YES, GN	RMED FORCES? 166 SOCIAL SEGENT PROPERTY SEGENT SEG	100		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO	hites medito (e		2 & GERM 15 years VEN IN PART 1(0)
	216. TIME OF INJURY	CH OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR	YES NO NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER 214. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	ALIT .	19 21f LOCATION	CITY OR TOWN	COUNTY STATE
220.1 certify that (I) (the hosp saw the deceased alive at	h / Lblun ORPRINT)	DEGREE ATTENDING PHYSICIAN [deoth occurred on the date and have MEDICAL STAFF SHECTOR PHYSICIAN M. Street Silver	7/22/80
236 BURIAL, CREMATION, REMOVAI (SPECIFY) Burial 24. FUNERAL DIRECTOR FRANCE	736. DATE 23	Gate of Heaven	23d. LOCATION CITY OF TOWN SILVET SPRING E REC'D. BY REGISTRAR 25B. REG'S	Mont. Md.

Md.

DHMH-16 25M (VRA 15, 4) 1/79

BP.

24 FUNERAL DIRECTOR Francis J. Collingoness
500 University Blvd., W. Silver Spring.

C C C S: [C C C S: Secure treatment of the security of the se The state of the s -11.00 --- 10.00 --- 10.00 --- 10.00 --- 10.00 --- 10.00 --- 10.00 --- 10.00 --- 10.00 --- 10.00 --- 10.00 ---Mashillum, IV.C. I CA. TO AND AND THE PROPERTY OF THE Marilland Maricomean Managera Leuci C. Palatini Man mide STROTTES HORION V. Paladinia Law as 13 the second of th Letter of Tenders and the second control of the State of the State of the second of th Surial Tab. 17, 1920 John of Prevent Cilmen Schine Schine Month. Mr. 500 thingsaith Blue, M. Silver String IV.

K		1.	FOR - STATE REGISTRAR		MENT OF F	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	REG. NO	
	e 0 = /		CEASED NAME FIRST MONE	ROE C, Pee	den	AST	2. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 7 80 11:154
	ge 4 may	3. SE	x M	C. QU Casian	5 DATE (6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	Jeath. Pa		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
10	urs after o		Silver Spring	M. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET HOLY CLOSS HOSP	NG HOME		126 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF CUSTODIAN	F WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Board of Educ
AND 21201	within 24 hou tely filled in should be fill examiner mu		AL RESIDENCE 11 NURSING HOME OF STATE MY COUL		/N	13d. INSIDE CITY LIMITS? YES NO [130. STREET ADDRESS	ton St
MARYL	completely for and 2 should redical exam	14 F/	ATHER'S NAME FIRST Charles	Peeden LAST		15 MOTHER'S MAIDEN NA	ella Jerden	LAST
ALTIMORE,	Pages 1 a		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 21403 88		17 INFORMANT Lottie M. Pe	eden same a	
W. PRESTON ST., B	ies that the death certific d by the attending physic ase remove carbon paper id, cremation, or remova 'y, or other traumatic eve		PART I. DEATH WAS CAUSE	nly one couse per line for (a), lb , and ED BY. ITE CAUSE (o) DUE TO, DR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c)	ENCE OF	na o Panco	arrest a	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
RDS, 201	w requires en signed I Then pleas or to buriaf sny injury,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVEN IN PART 1(0)
A RECORDS,	SIAN: The law cian. rificate has been nsit permit. The Hygiene prior m 18 shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
N OF VIIV	Pysic physic s cert al-tra ental or Iter	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
DIVISION OF	ttending After thi S the buri th and M marked o	WED	WHILE OCCURRED WHILE OF NOT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.	211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE
	R ATTEN spital or a RECTOR: of for use a ot. of Heal Item 21 is		saw the deceased alive ar	ortal) attended the deceased from 19 J	70 .0	nd that in (my) (aur) apinian	death occurred on the do	19, that (I) (we) lost ate and hour and from the causes stated
	PITAL Of by the ho ERAL DII e detached State Dep		H. Shan	MI MI	>	ATTENDING PHYSICIAN [MEDICAL STAF	7 9 90
	OSP ed b JNE d be he S RTA		22d. PHYSICIAN'S NAME (TYPE C		.10	220 ADDRESS	+ Mande	71 Lanel Md

3 HUW! 200 F). 23e. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) Burial July 10, 1980 Fort Lincoln Cemetery Brentwood, Maryland 24 FUNERAL DIREC DHMH-16 25M (VRA 15, 4) 1/79

25. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

12h. KIND OF BUSINESS OR Board of Educat

STATE

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	1 14	1 DECEASED NA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					

		REGISTRAR		CE	RTIFI	CATE OF DEATH	REG. NO	D.	0 0	7	7
		CEASED NAME DAVIS	D	PEK	21	TUTTER	2R DATE OF DEATH	7 22	YEAR	9	58 4 M
	3 SE	* MALE	CAUC	ASIAN "	MONTO	23 89	6. AGE (IN YEARS LAST BIRT	YRS.	THS DAYS	HOURS	MIN
7	C	RTHPLACE (STATE OR FOREIGN 76 OUNTRY) RUSSTA	CITIZEN OF	- 1	ARRIED	NEVER MARRIED L	9 BALTIMORE CITY O MONT GO		DEATH		MD.
8		SILVER SPRING		OSPITAL, NURSING HI HEACILITY, GIVE STREET ADDRE OLY CROSS H			120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF SALESMAN	EWORKING LIFE)	126. KIND OF INDUSTRY WHOLES		S OR MEAT
5	13a S	AL RESIDENCE (IF NURSING HOME OR OF OF STATE 136 COUNTY MONTGO	Y	GIVE RESIDENCE BEFORE ADM 131 CITY OR TOWN STLVER SPR	RING		13* STREET ADDRESS 8715 FIR	ST AVEN	UE		
7		BENJAMIN ME	DDLE	PERLMUTTER		FRETDA	WIDDLE	. 1	BROWNS	TEIN	
)	16a V	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W NO		146 SOCIAL SECURITY 579-01-356		CLARA B. PE	ERLMUTTER,		#13		
	NOI	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO	(b)	R AS A CONSEQUENCE R AS A CONSEQUENCE ONTRIBUTING TO DEAT	Q Y OF	ARTERY NOT RELATED TO THE TERMIN	DISEASE NAL DISEASE OR CONF	DITION GIVEN	2+	Y)	RS
2	CERTIFICATION	190 DATE OF OPERATION	1% CONDI	TION FOR WHICH OPE	RATION	WAS PERFORMED	20e AUTOPSY?	200. IF YES, W IN CERTIFYIN YES	G CAUSES O		1?
}	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216. TIME O HOUR A.I P.I	M. MONTH DAY M.	YEAR 19	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I	OR PART 2)		
	ME	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FARM, I		STREET	CITY OR TOW	rN .	COUNTY	STAT	re
		saw the deceased alive on obove, (1) (2) (did) (did)	JULY	22 19 80		d that in (my) (opinion d	eath occurred on the do	19_ ite and haur on	nd from the co		
		Edward G. A	Been	an M	D°.	PHYSICIAN X	MEDICAL STAF		7-22	L-8	0
		EDWARD A	BEE	MAN M	D	27. ADDRESS 8830 S/L	JER SPR	ING I	MD	209	010

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has bee should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene pri IMPORTANT: If Item 21 is marked or Item 18 sh

ATTENDING PHYSICIAN:

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 7/23/1980

23b. DATE

23c NAME OF CEMETERY OR CREMATORY LEBANON CEMETER

23d. LOCATION CITY OR TOWN / ADELPHI

· GEORGES STATE

24 FUDENALDETM. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N.W., WASHINGTON, D. C. 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

88 3 1 1 8 8 Manual E Communication of the second of the 579-01-5563 CLARA B. TERLARTICK, came as #15 CAS I'M A STREET THE PARTY THAT THE

TYSTELL MOUNT LEGALL CAREELY MARE THE PR. GEORGES, LO.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	oe execute
ST., BALT	ertificote b
RESTON	e deoth c
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	AL CR AT
F ,	TO HOSPITAL DR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may but desired by the hospital or attending physician.
56	BP_

	1-	FOR STATE REGISTRAR		DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 1	8 6 5 6
		CEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
oge 3 death	,,,,,,		Edward	nmn	Pernell	7-31-80	2:40pm
He do	3. SE	X	4 RACE		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
Adjuster, p	_	MALE	S	lack	12 5 08		RS
£ 50 21	V	RTHPLACE (STATE OR FO	Miss U	SA	WIDOWED DIVORCED	Montgomery	MD.
by the tilled with the house of the tilled with the tilled win the tilled with the tilled with the tilled with the tilled with	10 C	AKOM	4-Metil	S DIV	alow HoveNIIS	120 USUAL OCCUPATION (TYPE OF JORK TO MOST OF WORKIN	12b KIND OF BUSINESS OR INDUSTRY
hin 24 hour ly filled in should be the shoul	USU.	AL RESIDENCE (IF NURS	ING HOME OR OTHER INSTIT	13c. CITY OR	PORE ADMISSION) 134 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS TO CH	eAdeLPhi-Nd
ed within	14 FA	THER'S NAME	MIDDLE	Perve	15 MOTHER'S MAIDEN N	AME MIDDLE 7	ord LAST
n and co			IN U.S. ARMED FORC (IF YES, GIVE WAR OR DATE		ECURITY NO. 17 INFORMANT	ia PerNel	L.7950-18 Tve
that the death certificate by day the attending physicio lease remove carbon papers in, cremotion, or removal or other troumatic event, the		18 CAUSE OF DEAT PART I. DEATH W Condifions, if ony, gove rise to imm couse (o), stotin underlying couse	DUE T , which , mediate ag the DUE T	Kes	pratury Agres OUENCE OF	Selmonary Disease	BRIWEN ORSEI AND DEATH COMIG
e low requires on. hos been signe permit. Then p per prior to bur	CERTIFICATION	190 DATE OF OPERA	(el) (ONDITION FOR WE	TO DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b. II YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN, The ending physicia this certificate the buriol-transit ad Mental Hygie d or frem 18 sho		210 ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH HOU	ME OF INJURY R. A.M. MONTH P.M.	DAY YEAR 19	IRRED (ENTER NATURE OF INJURY IN ITEM	118, PART 1 OR PART 2)
ING PHYS r ottendin Miter this os the bu th and Me	MEDICAL	21d INJURY OCCUR!	HILE []	ACE OF INJURY ME, STREET, FACTORY, OF	FICE, FARM, ETC.) 21) LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN TOR Af- for ie o		saw The Beceau	(this hospital) attended alive on 1	UN SI	6.	n deoth occurred on the date and	, 19 , that (I) (we) lost hour and from the causes stated
TAL OR A y the hon- RAL DIREC detroched datoched tote Dept.		nema	00/	Serve	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	31 July 86
CO HOSPITA project by TO FUNERA thould be de with the State	-	HOMAS	H. 138	usust	n md 8676 Nea	Hampstone Are	LANGLEY PARK, MID
BP	(BURIAL, CREMATION, SPECIFY) BUY	REMOVAL 236. DAT	0-5-80	Maryland Ration	3300-WAS	
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	INERAL DIRECTOR	Lisher	2176		AUG 6 ISBU	GISTRAR'S SIGNATURE

schert neu serenti (2-31-80 2 430 The second secon ENGLISH AND THE SECOND Administration of the second s the same of the contract of th

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Page 4

within 24 hours ofter death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low

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the ottending physicion and completely filled in by the remove carbon papers. Pages 1 and 2 she and 1 filled in the complete of the complete o

injury, or other troumotic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician

should be detached for use as the burial-transit permit. Then please remove corbonapper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the state of the state of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE CERTIFICATE OF DEATH REGISTRAR

1	8	6	5	7

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

4 1980

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к					REG. INC			
	1. DECEASED NAME FIRST	MIDDLE	Data	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HC	50
ŀ	3. SEX	4 RACE	S DATE O	Y SON	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDE	R L YEAR IF UND	DER 24 HRS
			MONTH	DAY YEAR		MONTHS	DAYS HOURS	MIN
I	Female 70. BIRTHPLACE (STATE OR FOREIGN	Caucasian	Dec	. 18, 1917	6 2 9 BALTIMORE CITY O	YRS.	ATH	
d	(STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED X	S BALTIMORE CITY O	K COUNTY OF DE	АІП	
4	Wisconsin	U.S.A.	WIDOWE		Montgome			MD.
I	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) IND		NESS OR
1	Bethesda	Fernwood			Personne1	Office	r FAA	
	USUAL RESIDENCE IF NURSING HOME 130 STATE 1136 CO Maryland Mont		RTOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 7814 Mao	rland I	222	
1	14 FATHER'S NAME	Beth	esua •	15. MOTHER'S MAIDEN NA		rrand r	ane	
	FIRST		AST	FIRST	MIDDLE	T - m	LAST	
4	Andrew Let		L SECURITY NO.	Ruth	W.		son	
	(YES, NO OR UNKNOWN) IF YES, G	IVE WAR OR DATES)				SS Eau Cl		Wisc
	Yes WW	II 476-	05-0016	Wesley Eri	ckson, 31			
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS				= 4		APPROXIMATE IN BETWEEN ONSET A	ND DEATH
		ATE CAUSE (o) CAF	RDIORE	SPIRATORY	FAILURE		1 Hour	2
i	3310	DUE TO, OR AS A CON	NSEQUENCE OF					
ŀ	Conditions, if any, which	(b) ALZ	HEIME	R'S DISE	ASE			
ľ	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON						
ı	underlying couse lost	DOE TO, OR AS A COT	43EOOEIACE OF					
ı	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTIN	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN	PART Ito	
ł	Z -	_						
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE		
					YES NOW	IN CERTIFYING (CAUSES OF DE NO	
1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCURE	- 1		PART 2)	
I	OR COLUMNIA CALLER OF	EAIR	TH DAY YEAR					
	OR CONTRIBUTING CAUSE OF LOT MANUEL CAUSE OF L	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
	ATTILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COL	YTM	STATE
1	AT WORK AT WORK	aitally attached the decount	ton Alexander	9 1 480 10 80	JULY	26 1080	9	(we) lost
1	220.1 certify that (1) (this has	T 0		nd that in (my) (ear) apinion	, 10		,	
1		(et) view the body after death	1.		acom occorred on me ac	ne ona noor ona r	Tom the couses	stored
- 1						0.0	DATE CICKIE	
١	22b. SIGNATURE	0		DEGREE	MEDICAL STAF	1	C. DATE SIGNE	
	226. SIGNATURE Jemes a.	Rossi MB		ATTENDING PHYSICIAN	MEDICAL STAR DIRECTOR PHYSIC	F	7/27/8	
	226. SIGNATURE JEMES A. 22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	2	ATTENDING PHYSICIAN 2	DIRECTOR PHYSIC	F IAN []	7/27/8	0
	226. SIGNATURE Jemes a.		2	ATTENDING PHYSICIAN 2	MEDICAL STAF DIRECTOR PHYSIC	F IAN []	7/27/8	0
	226. SIGNATURE JEMES A. 236. BURIAL, CREMATION, REMOV.	ROSSI, MD		ATTENDING PHYSICIAN 2	DIRECTOR PHYSIC	ROCK UIL	7/27/8 LE, MO 208	52
	226. SIGNATURE JEMES A. 226. PHYSICIAN'S NAME (TYPE JAMES A.	ROSSI, MD	23c. NAME OF C	ATTENDING PHYSICIAN P	DIRECTOR PHYSIC	ROCK UIL	7/27/8 LE, MO 208	5 2 STATE

Pumphrey Funeral

Bethesda, Maryland

DHMH - 16 50M 1/76 (VR À 15 (4))

24. FUNERAL DIRECTOR

Homes,

Robert

P.A.

retained by the hospital

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

	1	8	6	5	8
REG. NO.					- 1

1980

YEAR

2b HOUR

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IF UNDER 24 HRS

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2 tel complete

DECEASED NAME (TYPE OR PRINT) 3. SEX

Male 7a BIRTHPLACE (STATE OR FOREIGN North Carolina 10. CITY OR TOWN OF DEATH Bethesda COUNTY North Carolina Onslow 14 FATHER'S NAME

FIRST

Ronald

16 1956 Feb. 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

LAST

PHILLIPS

5 DATE OF BIRTH

BALTIMORE CITY OR COUNTY OF DEATH Montgomery

23

20 DATE OF DEATH MONTH

6 AGE (IN YEARS LAST BIRTHOAY)

July

24

12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S. Marine Corps

Edward

MIDDLE Ear]

4. RACE

Phillips, Jr 166 SOCIAL SECURITY NO

National Naval Medical Center

Lee

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c CITY OR TOWN

Hubert

Caucasian

USA

Gail Margery 17 INFORMANT

Ritzenthaler

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

16n WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Yes 1974-80 321 52 2451

Jeanette P. Phillips See item 13

13e STREET ADDRESS

228 Cedar Trail

MIDOLE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Burkitt's Lymphoma IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

13d INSIDE CITY LIMITS?

NO [

15. MOTHER'S MAIDEN NAME

YES 😓

CERTIFICATION 196 DATE OF OPERATION

MEDICAL

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Item 18 s

morked or

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0 prior ony

the buriof-tronsit and Mental Hygie

Heolth o

be deto should be deto with the State IMPORTANT: II 21n ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

YES TE 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK

23b. DATE

CITY OR TOWN T117 37

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

NO [

220.1 certify that // (this hospital) attended the deceased from March sow the deceased olivery 7 July 23 obove, 11 (we) (did) (pig not view the body ofter death 22b. SIGNATURE

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED July 23 1980

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Dale W. Pcsolyar, M.D. 22e ADDRESS

211. LOCATION

National Naval Medical Center, Bethesda, Md. 23d. LOCATION

(SPECIFY) Burial

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Naperville Cemetery

Naperville DuPage Illinois A LI ATE RES'DE STEAR PEL RECESSOR

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

FUNERAL

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24. FUNERAL DIRECTOR Silver Spring, Md. W. W. Chambers Co.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed win with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or ather troumatic event, the medical examiner must be patified.

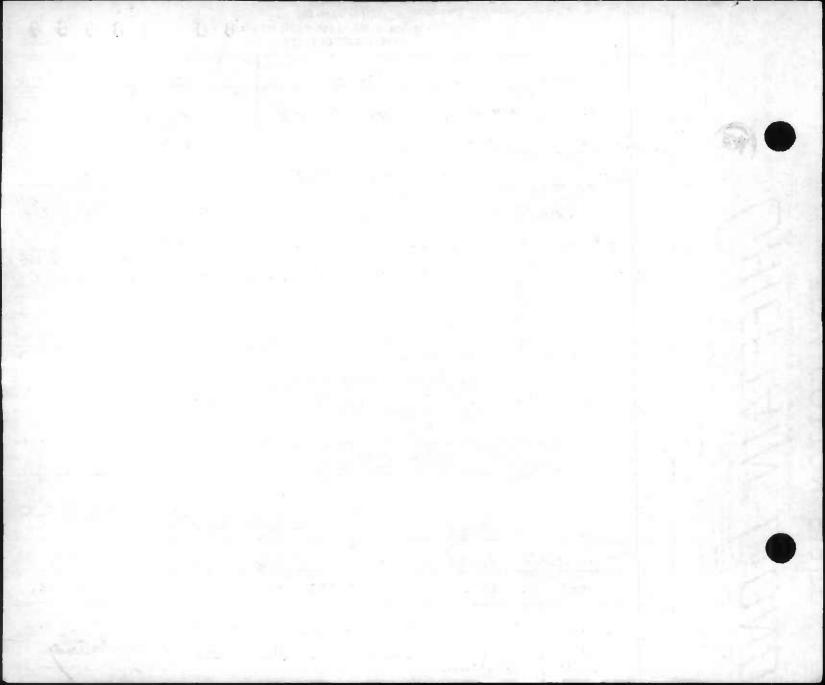
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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POR D T - STATE REGISTRAR	EPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 D	18659
DECEASED NAME FIRST MICOLE (TYPE OR PRINT)	LAST	20 DATE OF DEATH MONT	TH DAY YEAR 26. HOUR
Dorothy B.	Plager	July	4. 1980 8:45AMM
3 SEX	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
TEHHIE WHITE, 7a BIRTHPLACE STATE OFFOREIGN 76 CITIZEN OF WHAT CO	AFRIL 16, 1914	66	YRS
COUNTRY!	MARRIED NEVER MARRIED		
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
(IF NOT IN SUCH FACILITY, G	ve Street address) Y General Hospital	(TYPE OF WORK FOR MOST OF WOR Housewi	KING HEEL INDHISTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDEN 130. STATE 135 COUNTY 130 CITY OF THE PROPERTY OF THE PROP	NCE BEFORE AGMISSION)	IT BRYANT	3 NURSERY RJ
OKDWAY GENTLY BAILING	AL SECURITY NO. 17 INFORMANT	OK HAKLE	55
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO GRUNKNOWN) (IF YES, GIVE WAR OR OATES) 220	26 6616 ELEANSE	BALLINGER	20 ERYANTS NURSER Silver SPRING-, 14 d
18 CAUSE OF DEATH (Enter only one couse per line for lo PART I. DEATH WAS CAUSED BY:	ib, ondie	-6-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	NSEQUENCE OF	o danies	18 mo
gove rise to immediate couse (a), stating the underlying couse last			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBU	Pro antes	TERMINAL DISEASE OR CONDITION	-belsee.
Partial bourd of the Condition for 190 DATE OF OPERATION 190 CONDITION FOR 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	which operation was performed		LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
	TH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN 11	EM 18, PART OR PART 2)
OK CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED WHILE AT WORK	, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a.l certify that (1) (this haspital) attended to decree sow the deceased alive on 3 above. (1) (me) (did) (did not) via thought office death 22b (SIGNATURE)	19 ond that in (my) (ewc) opin		nd hour and from the couses stated 22c. DATE SIGNED
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	ATTENDIN PHYSICIA	MEDICAL STAFF N DIRECTOR PHYSICIAN	0 14 July 82
Donald E. Dillon	18111 Pr	ince Philip D	r. Olney, Md.
230 BURIAL, CREMATION, REMOVAL 23b DATE Cremation 7/5/80	23c NAME OF CEMETERY OR CREMATO Ft. Lincoln Cre	matory Brentw	rood PG Maria
Himes/Rinaldi F.H.11800	N.H.Ave.S.S.MdJ	DATE REC'D. BY REGISTRAR 1914 UL 8 1980	They to Bredy

DHMH - 16 50M 1/76 (VR A 15 (4))

retained by the haspital or attending physician.



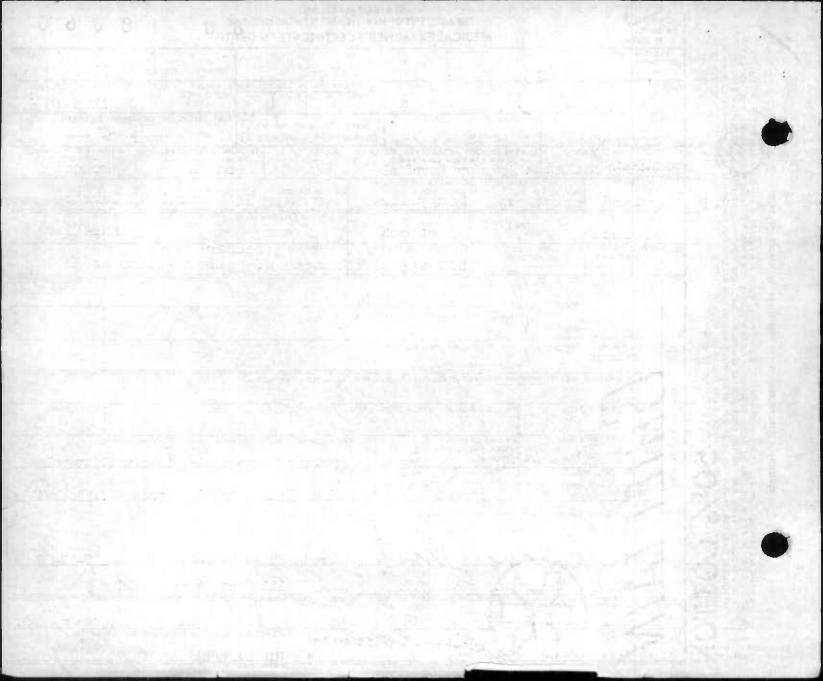
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

(VR A15 ME (5))

15M 7/77

8434 Ga. Ave., S.S. Md.



The law requires that the death certificate be executed within 24 hours after

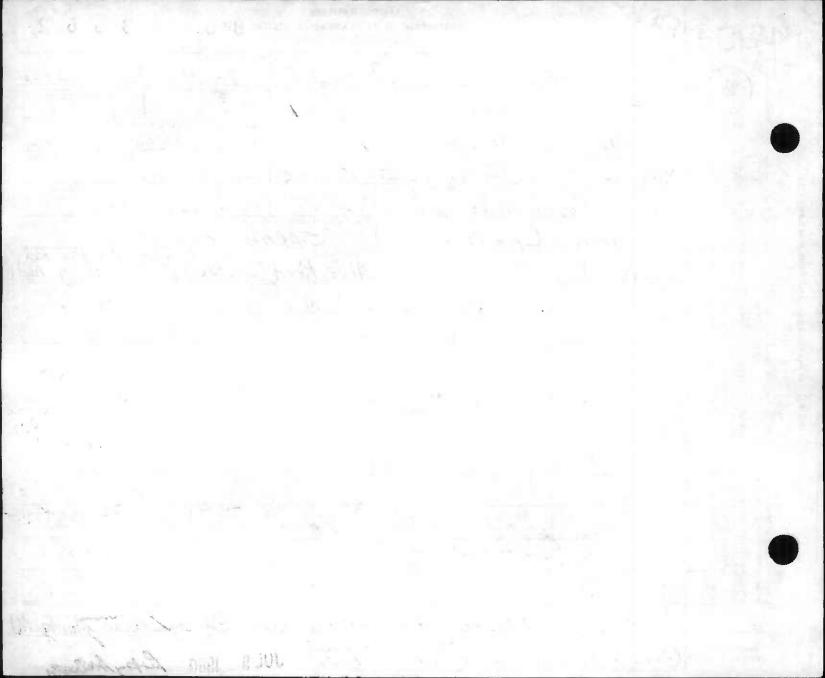
TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician.

	FOR			DEPART		E OF MARYLAND TEALTH AND MENT	TAL HYG	IENE (5)	O	1,0		37 10	
94	- STATE REGISTRAR					ICATE OF DEAT		0	REG. NO).	1 8	0 0	
17	1. DECEASED NAME (TYPE OF PRINT)	FIRST		MIDDLE		LAST		26 DATE OF D	EATH "	HTMON	DAY YEAR	2b. HOU	JR
W)	(Ken	t W	orth		PORTER		Ju:	1 v	21	1980	101	5P M
	3 SEX		4 RACE			OF BIRTH		& AGE (IN YEAR	S LAST BIRTH		IF UNDER I YEAR		
ector rs aft	Male		Caucas	ian	Jan.		YEAR	40		YRS.	MONTHS DAYS	HOURS	MIN.
hours hours	Je. BIRTHPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARR	HED [1 BALTIMORE	CITY OF	COUNTY	OF DEATH		
in 72 ho	West Virgin		USA		WIDOW	_		Montgo	mery	r			MD
by the ed with	Bethesda		Nation	nal Nava	1 Medi	cal Cente.		120 USUAL OC (TYPE OF WORK FO Analys	OR MOST OF				
be fin	USUAL RESIDENCE (IF NUE	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION	1134. INSIDE CITY LI	IMITS?	13. STREET AD	DRESS		ty Age		
	Maryland	Pr.	George	Laure	1	YES NO		7616 (sa La			
2 sho	14. FATHER'S NAME		AIDDLE	LAST		15 MOTHER'S MA	IDEN NAA		MIDDLE		-2	AST	
and 2	George		Worth	Porte	r	Ann	ie		rie	5	Sines	(SI	
0 - B	168 WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT			ADDRES	S			
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is certifical ial-transit plantal Hygi pental Hygi or Item 18	OR CONTRIBUTION	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATUR	E OF INJURY	IN ITEM 18, P	ART 1 OR PART 2)		
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ECTOR: for use a cor Heal	22s. certify that / saw the decea abave, /1) (we)	sed alive on.	T . 1	21 19	00	nd that in (thy) (our)	80 opinion d	to Tuly			19 <u>80</u> or and from the		
JNERAL DIR dbe detached the State Depi RTANT: If It	27h SIGNATURE	- 0	36.3	Sun	اس	HYS	IDING	MEDICAL DIRECTOR	STAFF			E SIGNED	
should be with the S	273 PHYSICIAN'S N	21.6	Zerw Pla		SMES	National				Cente	er, Bet	hesda	a,Md
() =	230 BURIAL, CREMATION (SPECIFY) Burial	, REMOVAL	23b. DATE 7/25/			on Nation	al		ngto		clingto		are
MH-16 25M A 15, 4) 1/79	Fleck Fune	ral Ho	ome	ADDRESS Lau	rel, M	aryland		REC'D. BY REG		Sh. REGIST	RAR'S SIGNA		

111 1980 Billy Mader to

	1			STATE OF WAKTLAND		400		
	1	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	rgiene 8 0	1 8	6	5 2
() () () () () () () () () ()	(TY	ECEASED NAME FIRST PE OR PRINT) PEAT		QUARLES	20 DATE OF DEATH	4- 198	0 1	1.27 Apr
\$ 100 m	3 5	F	BLACK	5 DATE OF BIRTH MONTH DAY YEAR 1 5 0 4	6 AGE (IN YEARS LAST BH	YRS.	DAYS H	OURS MIN
in 72 hou	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	4,5,A.	MARRIED L NEVER MARRIED L	MONTGO	MERY	COUR	
unt be no	01	Bethesda	BETHESDA	HEALTH CENTER	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST), KIND OF B DUSTRY	SUSINESS OR
ly filled in rould be fill	130	MARULAND MON	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JNTY 13c. CITY OR TOV JT60Mery FILVER	SPRING YES D NO 1	3654 BE	PRE R	DAD .	
mplete and 2 sh dical ex	6	FATHER'S NAME FIRST	"CARTER	15 MOTHER'S MAIDEN N	CAH BU	RGES	SLAST	
Pages	160	WAS DECEASED EVER IN U.S. A IYES, NO OR HINKNOWN) I IF YES, G	NRMED FORCES? 166, SOCIAL SEC IVE WAR OR DATES)	Alice Ree	+ (Sister)	3650 1 5. Iver	301 F. Spr11	re Rd
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en signed by then please r to burial, ny injury, o	NO NO	PART 2 OTHER SIGNIFICANT	(c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TELL	RMINAL DISEASE OR COM	IDITION GIVEN IN	PART No	
ate has been permit. Tigene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WEE	CAUSES OF	S USED DEATH?
is certificat ial-transit plantal Hygin or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH		JRRED JENTER NATURE OF INJ	IRY IN ITEM 18, PART † O	R PART 2)	
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ECTOR: for use a of Heal		saw the deceased alive a	pital) attended the deceased fram, in	50, and that in (mg) (a) apinio	on death accurred an the c	late and havr and		it (I) (ee) last uses stated
AAL DIR AAL DIR Jetached tate Dept		276 SIGNATURE B	foswami s		MEDICAL STA	FF _	7/4/	SNED 18 B
TO FUNER, should be de with the Sta		224 PHYSICIAN'S NAME (TYPE	ORPRINTI OSWAMI	5401 Goog	istone St	· oh.	sha d	1015
P		BURIAL, CREMATION, REMOVA	7-9-80 P	NAME OF CEMETERY OR CREMATORY ASH MEMORIAL (en, Shu	Dy Eper	6 M	onto A
DHMH-16 25M VRA 15, 4) 1/79	14	FUNERAL DIRECTOR P.S.	nowder Roc	14, 00901.01	ATE REC'D. BY REGISTRAF	PA REGISTRAR'S	SIGNATUR	0

STATE OF MARYLAND



1	-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

7	1.	FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		8 6	6
		OR PRINT) WADCIA	WILLIAM	HENRY	4114	AST RADCLIFFE	2e DATE OF DEATH	7 6	80	1027
once.	3. SE	nale	4 RACE White		S DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	S CAYS	IF UNDER 24 HI HOURS MR
35	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	U.S	WHAT COUNTRY?	WIDOWI			omery C.	• ,	
35 page	Re	ckville	She	ady Grove	Adve:	ntist	(TYPE OF WORK FOR MOST O Electric	on in the state of	N. KIND OF NDUSTRY NOOT	BUSINESS
mules m	130 Mg	aryland Mo	ME OR OTHER INSTITUTION OUNTY ntgomery	Gaither	VN	134. INSIDE CITY LIMITS? YES 🏋 NO 🗌	13. STREET ADDRESS 19520 Bra	assie Pl	ace	
medical exa		THER'S NAME FIRST William		Radcliffe		IS MOTHER'S MAIDEN NAV	WIDDLE		LAST Henry	
t, the medic		VAS DECEASED EVER IN U.S. 165, NO OR UNKNOWN)	ARMED FORCES?	214-03-		Nettie K.	Radcliffe.	Item 1		ATE INTERVAL
ne prior to burial, crer hows any injury, or ot	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause los PART 2 OTHER SIGNIFICATION DATE OF OPERATION	NT CONDITIONS C	arr	DEATH BUT	NOT RELATED TO THE TERM COO N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE	RE FINDING	F DEATH?
Hygie		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O	F DEATH HOUR A		DAY YEAR	21c HOW INJURY OCCUR	YES NO	YES T	OR PART 2)	NO 🗆
Item	1 2	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	074320725	Mai Ti	OUNTY	
th and Mental H marked or Item	MEDICAL	WHILE NOT WHILE AT WORK	AT HOME, ST	REET, FACTORY, OFFICE.	FARM, ETC)	STREET	CITY OF TOY	9 9	Co	STATE
Dept. of Health and IN	MEDI	WHILE NOT WHILE	aspital) attended it	ne deceased fram.	2/4	nd that in (my) (aur) apinian a	_ 107/	toto	fo.	at (I) (we)
with the State Dept. of Health and Mental I	MEDI	while AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this I saw the described alivabaye (1) (ye) (did) (d	naspital) attended of a d nat) view the bad,	ne deceased fram.	2/4	nd that in (my) (aur) apinian a	death accurred and the de	toto	fo, the	at (I) (we)

0008 08. - arc 4,1907 eji... ..ontro err u... . 6. 2. 3 5 31 78. Thaty prove adventist sectrical Armineer ockville sryland control witherstury x 1952 brassie Place William H. Asdoliffe eille. onry 214-03-6457 ...ettie K. macliffe, Item 13 0 The street of

surial cyly c, 1980 rerklawn Knockville, Lontgomery, Md. ulin . .oles rt, Delascus, ...

nding physicion and completely filled in by the firent-carbonpopers. Pages 1 and 2 should be filed with in 72

signed by the ottending physicion

requires that the death

OR ATTENDING PHYSICIAN: The low offending physician injury, or other troumptic event, th

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			ALTH AND MENTAL HY CATE OF DEATH	GIENS ()	186	6 4
	00.00	ton H.	Radford		20 DATE OF DEATH	07 24 80	26 HOUR 4:40AN
3. SE	X	4 RACE	5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAY	
	Male	White	Apri		75	YRS	3 NOORS MINE
	RTHPLACE (STATE OR FORE OUNTRY). Ohio	76 CITIZEN OF WHA	T COUNTRY? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY 9	OR COUNTY OF DEATH	MD.
(Olney	Montg.	PITAL, NURSING HOME OF ILITY GIVE STREET ADOPESS) HO	osp. Olney	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) G.O.A.		Govt.
13a S	STATE		Damascus	13d INSIDE CITY LIMITS? YES NO 1		odfield Ro	ad
14.17	George	MIDOLE Rad	ford	Della	WIDDIE	(unkn	löwn)
	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (1	F YES, GIVE WAR OR DATES)	78 40 9114	Norman Norman	Campbell	Item 13	}
7	PART I. DEATH WAS	DUE TO, OR AS	A CONSEQUENCE OF	arrest		1	OXIMATE INTERVAL IN ONSET AND DEATH WHILE OF
CERTIFICATION	PART 2 OTHER SIGNIF		SIM TO DEATH BUT NO SIM TOWN OF OR WHICH OPERATION		11	DITION GIVEN IN PART 200. IF YES, WERE FINE IN CERTIFYING CAUSI YES	b kadde_
	21a. ACCIDENT WAS UNDER IT OR CONTRIBUTING CAU	SEOF DEATH HOUR A.M.	MONTH DAY YEAR 19	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJE	JRY IN ITEM 18, PART 1 OR PART 2.)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT MOME STREET E	NJURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn county	STATE
	sow the deceosed obove, (1) (we) (did	olive an 123/2 (did nat) view the body after	death. onc	16 that in (my) (aur) apinion	to 77 27		
	27h SIGNATURE	Gellow			MEDICAL STA	AFF . m/s	JE SIGNED
	Robert	Millman	md	15E Deer	Park Dr	Gaithers,	- 1

sho<mark>uld be detoched for</mark> use as the burial-transit permit. Then please remave cark with the Stote Dept. of Health and Mental Hygiene prior to burial, cremation, or O FUNERAL DIRECTOR: After this certificate has been MPORTANT: If Item 21 is marked or Item 18 shows any etained by the hospital BP.

> DHMH - 16 50M 1/76 (VR A 15 (4))

230. BURIAL, (SPECIFY)

Cremation

23¢ NAME OF CEMETERY OR CREMATORY Westview

23d. LOCATION COUN Baltimore, Bal
25b. Date REC'D. By REGISTRAR 25b. REGISTRAR 25b.

Baltimore, Md.

24. FUNERAL DIRECTOR 1. Molesworth, P.A. Damascus, Md.

July 25, 1980

JUL 2 8 1980

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Onto UEA

Olyen form Ceneral or Close co.i. Fed. Covt.

Harvland Hontgomory Damascus x 20007 Woodfield Road

Radford Bella (unknown)

in 578 40 9114 Norman Campbell from 12

Organizan wing ,1900 Westview Daltizore, Baltimore, Md.

Olin 1. welcasogress. A. Damascus, Md. JULES Bou - Towns

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mpletely filled in by the funeral a and 2 should be filed within 72 ha

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signed by the ottending physician

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HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital or attending FUNERAL DIRECTOR: After this injury, ar ather traumatic event, th

should be detached far use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar

IMPORTANT: If Item 21 is marked ar Item 18 shows any

24. FUNERAL DIRECTOR

NAME

certificate has been

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG	IENEO U	1 0	0	0 3	
	(TYPE	CEASED NAME FIRST OR PRINT) DORO		S. R	AC.	AN	7.31-	80		3 15 p	N
	3. SE)	FEMALE	4 RACE White	e	5 DATE (DE BIRTH DAY YEAR 14 95	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN	
/	CC	RTHPLACE ISTATE OR FOREIGN DUNTRY) Illinois		WHAT COUNTRY?	MARRIE WIDOW!	D NEVER MARRIED DIVORCED	Mont.	<u> </u>	OF DEATH	MI	D.
2		ty or town of DEATH ethesda	(IF NOT IN SUC	hospital, nursin theacility, give street a wood Nurs	ADDRESS)	or other institution	(TYPE OF WORK FOR MOST C Claims Div	OF WORKING LIFE)	126. KIND O INDUSTRY U.S.	Govt.	
7	13a. S	AL RESIDENCE (IF NURSING HOME OF ATATE 13) COL		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Wash. D.	N	13d INSIDE CITY LIMITS? YES \$\overline{L}\text{ NO } \overline{L}	13e STREET ADDRESS 2712 Wisc	onsin .	Ave. N	. W.	
	14. FA	THER'S NAME FIRST William	MIDDLE B.	Shute		15 MOTHER'S MAIDEN NA/ FIRST Maude	WE		Whitn		
		VAS DECEASED EVER IN U.S. A (1F YES, GI NO	RMED FORCES?	578-54-4		James F. Cha	addr nning 3118				
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	SED BY: ATE CAUSE (0)	R AS A CONSEQUE	NCE OF	andrai a emblem mitist in	rest offices	7	BETWEEN'S	IMATE INTERVAL ONSET AND DEATH VOSSET STORY	
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	vi ho	st str	pe	NOT RELATED TO THE TERM	200 AUTOPSÝ? YES NO TO TO TO THE TOTAL TO T	20b. IF YES, V	WERE FINDIN	NGS USED	
1	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T I OR PART 2)		
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	214 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
		220 I certify that (1) (this has saw the deceased alive a abave, (1) (we) (dia) (did r 22b. SIGNATUR	in_ dest	3 26 19 0	PU .01	nd that in (my) (aur) opinion of DEGREE	, to	7			1
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	rollor	A /	22e ADDRESS	MEDICAL STA	CIAN	July	3/1/9 80	_
	72a B	R. Stepher			IAME OF C	1	Pl. N. W.,	Washir	ngton,	D. C.	_
		SPECIFY)	230. DAIL	23(N	AME OF C	EMETERY OR CREMATORY	CITY OR TOWN		DUNTY	STATE	

BP

DHMH - 16 50M 1/76 (VR A 15 (4))

Wisconsin Ave. N.

23d LOCATION
CITY OR TOWN
Wisconsin Dells Spring Grove Cem. 25a. DATE REC'D, BY REGISTRAR 25b, REGISTRAR

Wisc.

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IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 I	t t
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4	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de retained by the hospital or attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

	1-	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND BEALTH AND MENTA ICATE OF DEATH		ENE 8 0).	8 6	6	6
		CEASED NAME OR PRINT)	FRST D	ORDET	ENOCH	F	RAY		2e DATE OF DEATH	MONTH DA		26 HOU	55 4M
	3. SEX	Mal	e	white		S DATE C		AR 05	AGE (IN YEARS LAST BIRT	YRS.	DNTHS DAYS	IF UNDER	24 HRS MIN
5		RTHPLACE (STATE OR FOR DUNTRY) Md.	REIGN 7b	USA	WHAT COUNTRY?	MARRIE	D NEVER MARRIE		MONT GON		COUN	- W	MD.
2	SI	TY OR TOWN OF DEAT	ING	HOLY	CROSS	HOSP	OR OTHER INSTITUTIO)N	17e USUAL OCCUPATE (TYPE OF WORK FOR MOST O carpenter	ON FWORKING LIFE)	126. KIND C		
1	13a S M	aryland	Mont		GIVE RESIDENCE BEFORE 134. CITY OR TOW Wheaton	ADMISSION]	136 INSIDE CITY LIM YES X NO			sman R	load		
C		ohn Henr	у.	Ray	LAST		15 MOTHER'S MAIDI FIRST Mamie	EN NAM	WIDDLE	Carter	LAS	ST .	
		VAS DECEASED EVER II (ES, NO OR UNKNOWN) NO	N U.S. ARME (IF YES, GIVE WA		579-05-7		Hilda S.	Ray	Same as #	,	731	MATE INTE	
	NO	Conditions, if ony, gove rise to imm couse (a), stoting underlying couse PART 2 OTHER SIGN	ediote the lost.	NDITIONS CO	PRASA CONSEQUE CARDIS DITRIBUTING TO D OR PROPERTY OF THE P	ence of gen	NOT RELATED TO TH	e K LE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 11	of P	
	CERTIFICATION	190 DATE OF GRERAT	ЮИ	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FIND I		TH?
7	MEDICAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	AUSE OF DEATH	P.	M. MONTH DA M. OFINJURY	19	211 LOCATION	OCCURRE	ED (ENTER NATURE OF INJUR				
	ME	WHILE NOT WHE AT WORK 220.1 certify the	(this hospital)	attended th		7		80		3		that (I) (,
		saw the decease obove, (I) (we) (di 27b. SIGNATURE	Det 1	2 fee			DEGREE ATTEND	DING	MEDICAL STAI	F	7/2		
1		ALBERT	O RC	TSZT	TAIN		Bether	da	M 2.	20	014	- R	d.
	(5	Burial, CREMATION, F Burial		July 2		arkla			Rockvill	e Mon		d.	ATE
		RANCIS H. I	BARBER	LAY	TONSVIELE	, MD.	20760	50. DA	ILZ BRUSOR	256. REGISTR	AR'S SICH	4	4

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S	1	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	IENE 8 Ü	8	5 6 /
		CEASED NAME FRST	ALTER REED		AST	JULY 15		26. HOUR
rettring	3. SE	ÅLE	CAUE	DEC DATE O	PERINTH YEAR A LATE A	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS DAYS HOURS MIN
neral dire	2 0	IRTHPLACE (STATE OR FOREIGN DIANA	USA	RY? I MARRIE	D NEVER MARRIED	MONTGOMF	DR COUNTY OF DEAT	MD.
by the fured within	7	THESDA	11. NAME OF HOSPITAL, NU IF NOT IN SUCH FACILITY, GIVE S NATIONAL NAVA			170 USUAL OCCUPAT 1 TYPE OF WORK FOR MOST O Naval Offi	ION 12h. KI DEWORKING LIFE) INDUS	S. Navy
be fill	USU 13a VA	STATE 131 CT	POR OTHER INSTITUTION, GIVE RESIDENCE IN THE PROPERTY OF THE P	LEFORE ADMISSION) OWN NGTON	134. INSIDE CITY LIMITS?	4766 FTRS	ST NORTH	
completely fille and 2 should nedical examing	14. F	DONALD NELSON	REED LAST		15. MOTHER'S MAIDEN NAMELLA FUL	^{ME} TON MCEĽRÖY		LAST
nn and com Pages 1 ar		WAS DECEASED EVER IN U.S.		ECURITY NO.	17 INFORMANT BETTY JANE RE	ADDR ED 4766 FIR		H ARLINGTON
that the death certifical by the attending physicis eremove carbon papers, cremation, or removal.			DUE TO, OR AS A CONSE	EOUENCE OF	ANCREATIC CARC	INOMA	ۄ	PPROXIMATE INTERVAL WEEN OMSET AND DEATH
v requires an signed hen pleas r to burial ny injury,	No.	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PA	RT 1(a)
I: The lay te has bee permit. T iene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	YES NO X	20h. IF YES, WERE F IN CERTIFYING CA YES	
r Sician hysician certifica certifica litransit ntal Hyg ntal Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RED JENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PA	RT 2)
After this of the burial than Men	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn count	TY STATE
ital or att		220.1 certify that (this he saw the deceased alive	aspital) attended the deceased from JULY 15	om JUNE	nd that in My) (aur) opinian	ta JULY death accurred an the d	15 19 80 late and haur and fran	m the causes stated
INALCH, by the hosp SRAL DIRE detached fi State Dept.		276. SIGNATURE	Lagan L	T. MC.	DEGREE USNR ATTENDING PHYSICIAN [MEDICAL STA	AFF	DATE SIGNED JULY 15-1 980
retained by the TO FUNERAL Should be detained by the State with the State MPORTANT:		S. J. FAGAN	n M.D.		NATIONAL NAV		CENTER - BE	ETHESDA - MD -
BP		BURIAL, CREMATION, REMOV BURIAL	18 July 80		CON NATIONAL		N ARLINGTO	
DHMH-16 25M (VRA 15, 4) 1/79	24 1	UNERAL DIRECTOR NAME ARLINGTON FUN	ERAL HOME AF	RLINGTO	Va VA	E REC'D. BY REGISTRAR JL 2 2 1980	756. REGISTRAR'S SK	PHATURE

STATE OF MARYLAND

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D	NECESSA	FUNERAL	5 FOR Y	WITHIN	W, PREST
	DELAY IS	TO THE	A PAGE	BE FILED	DS. 301 N
21201	IF ANY	2, AND 3	3. RETAII	SHOULD	L RECOR
DRE, MD.	R DEATH.	AGES 1,	IRM PM	1 AND 2	OF VITA
BALTIM	JRS AFTE	GIVE P.	WITH FO	PAGES	DIVISION
TON ST.,	N 24 HOL	JIEM 18	ALONG	T PERMIT	YGIENE,
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	ED WITHI	PENCIL IN	AMINER	L-TRANSI	VENTAL H
RDS, 301	EXECUT	ING" IN	DICAL EX	A BURIA	H AND W
TAL RECC	HOULD BI	DN3d., QX	THIEF ME	USED AS	OF HEALT
NOF VI	FICATE SI	THE WOR	O THE	38 01no	RIMENT
DIVISIO	DICAL EXAMINER : THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS MECESSA	E THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FURFEAL	4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR	NERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN	death, with the state department of health and mental hygiene, division of vital records, 301 w Prest
	LINER: TH	FICATE, V	E FORW	CTOR: PA	THE STA
	AL EXAN	HE CERTI	HOULD B	AL DIREC	TH. WITH
	DIC	13	S	VER	DEA

1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIERE 0 18 6 6 8
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 20. DATE KNOWN D. MONTH DAY YEAR 2b. HOUR
	SEX RACE S DATE OF BIRTH DAY WAS INCIDENT TO BEATH MATED DEATH MATED DEATH MATED DAY WAS 12 HOURS
70	BIRTHPLACE UNATED IN CRIZEN OF WHAT COUNTRY IN SALTIMORE CITY OF COUNTY OF BRATH
##47	GEORGIA U.S.A. MARRIED NEVER MARRIED WIDOWED DIVORCED WIDOWED
PECORDS. 301	CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PATHOLOGY PATHOLOGY PATHOLOGY
SECORDS.	SUAL RESIDENCE FIRE JURSING HOME OR OTHER INSTITUTION, CIVILESIDENCE BEFORE ADMISSION) 1. STATE 1. State
1 1 50 STATE	FATHER'S NAME FIRST OSCAR JAMES LILLY IS. MOTHER'S MAIDEN NAME FIRST JULIAN JULIAN
DIVISION O	was deceased ever in u.s. armed forces? (Yes, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 16b. SOCIAL SECURITY NO. 17. INFORMANT EVERT B. CLARK JR. 9605 Pinkney Ct.,
URIAL-TRANSIT PERMIT ND MENTAL HYGIENE, N, OR REMOVAL.	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)
JSED AS A BU F HEALTH AND CREMATION,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO SETTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR AM MONTH DAY YEAR 21c. HOW INJURY & COURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
IOR TO BURIAL	
21201 PRIOR	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 1950 Fell on 1950 Fell o
WITH THE ST ARYLAND, 21:	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry , and in my opinion death resulted fram: Natural causes . Accident . Suicide ., Hamicide . Undetermined manner .,
×	ACTUAL SIGNATURE DATE OF MEDICAL EXAMINER SIGNATURE SIGNATURE DATE OF MEDICAL EXAMINER DATE OF M
AFTER DEATH BALTIMORE, N	EXAMINER'S TAME JOHN S. ROGERS ADDRESS 1919 SEMINARY RD., SILVER SPRING, MD.
BA	BURIAL 7-24-80 ALTA VISTA CEMETERY GAINESVILLE GEORGIA
5))	ROCKVILLE 250 M REC'D BY MOTHER 251 AD 251 A

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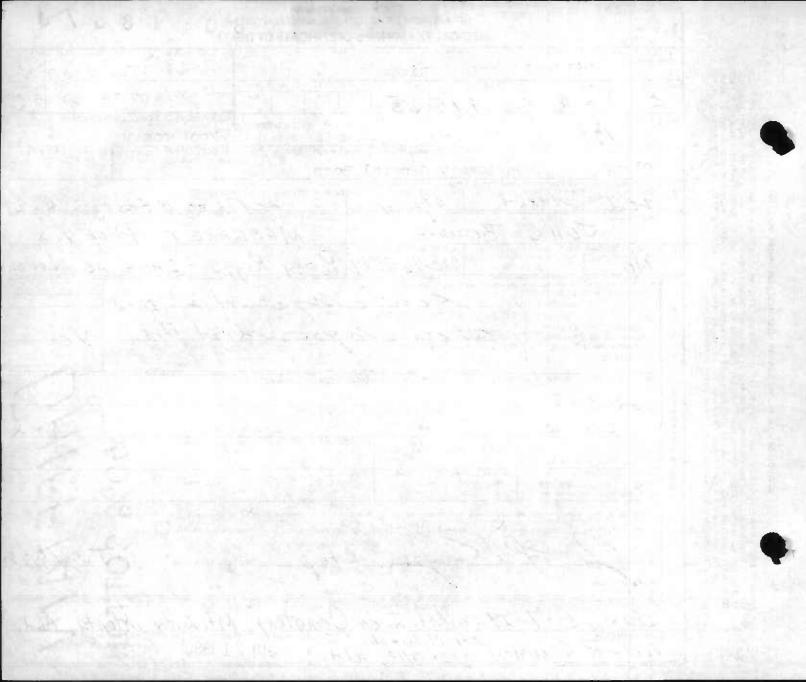
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STATE OF MARYLAND

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STATE OF MARYLAND

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ATTENOING PHYSICIAN: The law

				STATE OF MARYLAND	44	N / 7 /
	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	9 0	8 5 / 2
- 1	I DE	EASED NAME FIRST	WIDDLE	LAST	REG. NO. 2a DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
		OR PRINT!		PARERIE	7	m. 10/2
- 1		JAMI		NUDERI	3	
	3 SE	M	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS ME
			Negro	March 8, 1908	72 years YR	
tim		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
41	Wa	shington, D.C.	. U. S. A.	WIDOWED DIVORCED	□ Montgomery	
	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS INDUSTRY
7/	Tak	coma Park	A.u.	VENTIST HOSPITA	Was and an in man	D. C. Govt
7.0	USU	AL RESIDENCE (IF NURSING HOME TATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		1 - 0 0 0 000
17		TATE 191 COI	UNIY II3 CITY OR TOY Washing	WN 131. INSIDE CITY LIMITS		enue, N. W.
+		THER'S NAME		15. MOTHER'S MAIDEN		onde in wa
01		las Roberts	MIDDLE LAST	Not State		LAST
	Iáa V	AS DECEASED EVER IN U.S. A				15 Luzon Avenue
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				DET DIGITION O	. Rober 03 Washin	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
eve		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	SED BY	in melle		BETWEEN ONSET AND DE
		IMMEDI	ATE CAUSE (a)	, , , ,		
- 1		1529	DUE TO OR AS A CONSESS	encelor Al /1/A	(may	
		Conditions, if any, which	1 1/1/1	Many	010	
		gave rise to immediate)			
- 1		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		19 191
- 1		DART 2 OTHER CICALIES AND	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO THE	TERMINAL DISEASE OR CONDITION	0.000.000.000.000
	NO	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	IERMINAL DISEASE OR CONDITION	GIVEN IN PART I(a)
7	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHICH	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
91	TEX				YES T NOT	TIFYING CAUSES OF DEATH?
$\stackrel{\sim}{\sim}$	E S	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM	
91		OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH	DAY YEAR		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC STREET	City of TOWN	COUNTY STATE
		AT WORK		(VS	(1) 7/7/	50
		and the state of t	pital) attended the deceased fram,	19	10 //	10 the (1) (wa)
						mdi (i) kwe)
				and that in (my) (aur) api	nion death occurred on the date and I	haur and from the causes stated
		220 Certify this III (this-hos sow the doctored alive o above, (b) well (did) (did 22h SIGNA) GIFE			nion death occurred an the date and I	
		saw the deceased alive of obase. (It we I did) kind		DEGREE	IG MEDICAL STAFF	haur and fram the causes stated
		saw Alfe distracted alfee of abased, 15/1 wel (did) laid 778 SIGNATURE	en vier die body after death.	DEGREE ATTENDIN PHYSICIA		
		saw the deceased alive of obase. (It we I did) kind	en vier die body after death.	DEGREE	IG MEDICAL STAFF	
-		saw Alfe distracted alfee of abased, 15/1 wel (did) laid 778 SIGNATURE	en vier die body after death.	DEGREE ATTENDIN PHYSICIA	IG MEDICAL STAFF	
	23a. E	sow the divestigated alive to obare. It/well ideal this 1726 SICNATCHE. 278 PHYSICIAN'S NAME (1998 DR. 1	OR PRINT) DENNIS AL 123b. DATE 123c.	DEGREE ATTENDIN PHYSICIA 170 ADDRESS 831 UNIV.	BUD. E. SINU	TBING M
	23a. E	saw Alfe distracted alfee of abased, 15/1 wel (did) laid 778 SIGNATURE	OR PRINT) DENNIS AL 123b. DATE 123c.	DEGREE ATTENDIN PHYSICIA	BLUD. E. SINU	271. DATE SIGNED TBIND ER SPRING MA
	(sow the dictored offer objects of the light that the signal of the signa	OR PRINT) DENNIS AL 13b, DATE 14 Aug 80 Li	DEGREE ATTENDIN PHYSICIA 220 ADDRESS SO UNIV. NAME OF CEMETERY OR CREMATO COOR Memorial Ce	BUD. E. SIND ORY 133d LOCATION CITY OF TOWN Suitland. P.	COUNTY STATE CO., Maryla
	24 FU	22d PHYSICIAN'S NAME (1996 DR, 1 URIAL, CREMATION, REMOVA URIAL CREMATION, REMOVA	OR PRINT) DENNIS AL 123b. DATE 123c.	DEGREE ATTENDIN PHYSICIA 170 ADDRESS SOLUTION NAME OF CEMETERY OR CREMATO ACCOLD Memorial Ce 1432 You St., NM 150 1432 You St., NM 150 150 160 160 160 160 160 160	BUD. E. SIND ORY 133d LOCATION CITY OF TOWN Suitland. P.	221. DATE SIGNED TO BY STATE COUNTY STATE G. CO., Maryl:

STATE OF MARYLAND

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DHMH-16 25M

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PORTANT

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2a DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) JOSEPHINE **EVELYN** ROGERS 07 80 0445a N 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR IF UNDER 24 HRS 3 SEX MONTH DAY YEAR DAYS MONTHS FEMALE CAUC. 06 18 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED XX NEVER MARRIED Montgomery MARYLAND WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY S Navv BETHESDA NATIONAL NAVAL MEDICAL CENTER OMPLITER PROCRAMMER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION VINE COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND MANJEMOR YES [NO RRI BOX35P 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST RANDALL MMN **HERMAN** PEARI MMM STOCKST ACER ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IVES NO OF UNKNOWNE I (IF YES, GIVE WAR OR DATES) 214-09-4419 NO WARREN ROCERS RR1 BOX35B MANTEMOR MD 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY ACUTE BRONCIAL PNUFMONTA IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION OAT CELL CARCINOMA OF THE LUNG 20h. IF YES, WERE FINDINGS USED 14a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [YES 📆 NOF YES TA 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IN EITHER, NOTIF THE DAL EXAMINER) P.MN/A XXXX 214 INJURY OCCURRED 211 LOCATION 21s PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK 0 / XX 80 80 06 22a.1 certify that (1) (this haspital) attended the deceased from, saw the deceased plive an 07 80 and that in (my) (pur) apinian death occurred an the date and hour and from the couses stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 12 JULY 80 224 PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS NATIONAL NAVAL MEDICAL CENTER 230 BURIAL, CREMATION, REMOVAL J. LOCATION 236. DATE NAWERS REWELLIARS STATE CITY OF TOWN COUNTY 16 - 80HAGERSTOWN MARYLAND RURAT DATE REC'D. BY REGISTRAN 25 REGISTRAN 24 FUNERAL DIRECTOR ADDRESS John H. Bast, Jr. BOONESBORO MD

C V C 8 1 U Santanina in Vice and a mile Store L. Stern Cr.

TO HOSPITAL OR ATTE	DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 millional by the hospital or attending physician.
TO FUNERAL DIRECTO should be detached for with the State Dept. of h	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, pshould be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.
IMPORTANT: If them 21	IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, the medical examiner must be patified at ange.

DHMH-16 60M 1/73 (VR A 15 (4))

1.	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	18	6	7 4
	CEASED NAME	FIRST	MIDDLE	L	AST		MONTH DA	AY YEAR	2b. HOUR
(TYP	E OR PRINT)	ANTON M	E. R	OSENB	ERG	July	12,	1980	9:02 PM
3. SE	х	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	The same of the sa	FUNDER 1 YEAR	IF UNDER 24 HRS
	Female	White		June	111 1896	84	YRS.	DNTHS DAYS	HOURS MIN
(IRTHPLACE ISTATE OR FOR	1000000	F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
	Virginia		S. A.	WIDOWE			ontgom		MD.
Si	lity or town of deat lver Spring	[#NOT IN 5	OL Blairmi	address)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemaker		INDUSTRY	Home
		G HOME OR OTHER INSTITUTION 3b. COUNTY Montgomery	13c. CITY OR TOW Silver S	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1401 Blair	mill R	oad	
14. F.	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		IA.	
	Rudolph	C.	Eichber	g	Rosa	M		Heflin	
	WAS DECEASED EVER IT (YES, NO OR UNKNOWN)	U.S. ARMED FORCES: (IFYES, GIVE WAR OR DATES)	579-28-3		Charles H. R		sRockv		
TION		which clidate the dist. Conditions.		ENCE OF	NOT RELATED TO THE TERM				
CERTIFICATION	19a, DATE OF OPERATI	ON 196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, IN CERTIFY YES		NGS USED OF DEATH?
CAL	21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
MEDI	21d INJURY OCCURRE	(AT HOME,	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	sow the deceased	this hospital) attended tolive on July (did not) view the bod	1 6 198	O	d that in (my) (our) opinion	death occurred on the d	ote and hour		that (I) (we) lost couses stated
	22d. PHYSICIAN'S NA		Tafaon,	^	DEGREE ATTENDING PHYSICIAN D	MEDICAL STA DIRECTOR PHYSIC		Jul Jul	\$ 12,198
		Gustafson			5480 Wis. A	ve., Chevy	Chase,	Md.	20015
	BURIAL, CREMATION, R (SPECIFY) Cremation	7/14	/1980 Ce	dar H	EMETERY OR CREMATORY ill Crematory		Mary		STATE
24. F		Joseph ^G aw. .sc. Ave., 1				E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE

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1	FOR STATE			DEPART		E OF MARYLAND IEALTH AND MENTAL HYG	IENE 8 0		8 6	7 5
	REGISTRAR	FIRST		AIDDLE	02000	FICATE OF DEATH	REG. N			To wow
	CEASED NAME ORPRINT)						THE DIVISION DENTIL		YEAR	10:45
		Rocl	K1e 4 RACE	W.		SS		1980	F UNDER 1 YEAR	IF UNDER 24 HRS
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	emale					iber 1, 1899	80 BALTIMORE CITY O	YRS.	OC DE ATH	
	Texas	OREIGN		S. A.	MARRIE	D NEVER MARRIED DIORCED DIORCED	Montgome			M
R	ockville		Randol	ph Hill	ADDRESS)	OR OTHER INSTITUTION	12n USUAL OCCUPATI (TYPE OF WORK FOR MOST O			of Business of
Ma	AL RESIDENCE (IF NOR	136 COUP	tgomery	Rockvil	N	YEXXX NO □	130 STREET ADDRESS 5805 Ridg	way Av	enue	
4 F	James		A.	White		15. MOTHER'S MAIDEN NA Elizabeth	MIDDLE		Wi]	son
68 V	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT		faroe		
	YES, NO OR UNKNOWN)			456-20-	1138	Ima Jewel Wei			MD 20	0853
	PART I. DEATH W		TE CAUSE (a)	R AS A CONSEQUE	KTIU	- 140	URE		MI	NUTE.
	Canditions, if any gave rise to im- cause (a), statii underlying cause	mediate ng the last	(c)_(AS A CONSEQUE	PRE		TC CANCE		1 4/2 N IN PART 1	=4R
IFICATION	19a DATE OF OPERA					ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDING CAUSES	NGS USED
TIFE							YES NO	YES	_	NO [
CAL CERTI	218 ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DE	ATH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED JENTER NATURE OF INJUI	RY IN ITEM 18, PAI	RT I OR PART 2)	
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	saw the decease obove 11 west	ed alive on	- 1 1	19_	4	nd that in (my) (our) apinion	death occurred on the de	ote and hour		
	224 PHYSICIAN'S N			laway	Mel	22a ADDRESS	MEDICAL STAI		uly 3	
	Ric	hard	Delane	y, M.D.		4323 Hava	rd Street	Silv	er Sp	ring,
23a. I	BURIAL, CREMATION,	_	July 7			EMETERY OR CREMATORY IN Memorial Pk	23d LOCATION CITY OR TOWN Rockvill		vland	STATE
24 F	UNERAL DIRECTOR	ROBE	RT A. F	UMPAREY		Int. DAT	E REC'D. BY REGISTRAR	256. REGISTR	AR'S SIGNAT	
H	OMES. P.	A	ROCKVII	J.E. MAR	YTAN	D	JOLT T 120	U	cadesad !	N. C. Char

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

FOR - STATE REGISTRAR REG NO 20. DATE OF DEATH DECEASED NAME MONTH 2b. HOUR TYPE OR PRINTI 3. SEX 5 DATE OF BIRT 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDER 24 HOS 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPHACE ISTATE OF FOREIGN MARRIED X NEVER MARRIED COUNTRY WIDOWED DIVORCED 120 USUAL OCCUPATION WORK FOR MOST OF WORKING LIFE) 113d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES X 15 MOTHER'S MAIDEN NAME 14 FATHER S NAME MIDDLE ADDRESS 17. INFORMAII 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WWII 18 CAUSE OF DEATH Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating underlying lost TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hasoital) attended the deceased from saw the deceased alive or and that in (my) (expression death occurred on the date and hour and from the causes stated

price ! 22d. PHYSICIAN'S NAME (TYPE OF PRINT)

obove, (1) (we) (did) (did not) were the body ofter

22e ADDRESS

DEGREE

MEDICAL

PHYSICIAN SIRECTOR PHYSICIAN

ATTENDING

23d. LOCATION

STAFF

224. DATE/SIGNED

24. FUNERAL DIRECTOR

Burial

230. BURIAL, CREMATION, REMOVAL

77b. SIGNATURE

Mt. Lebanon Cemetery

Hyattsville, P. G., Maryland

Benjamin Isaacson, M. D.

DANZANSKY-GOLDBERG MEM. CHAP. Rockville, Md.

7-9-80

23b. DATE

BP DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL

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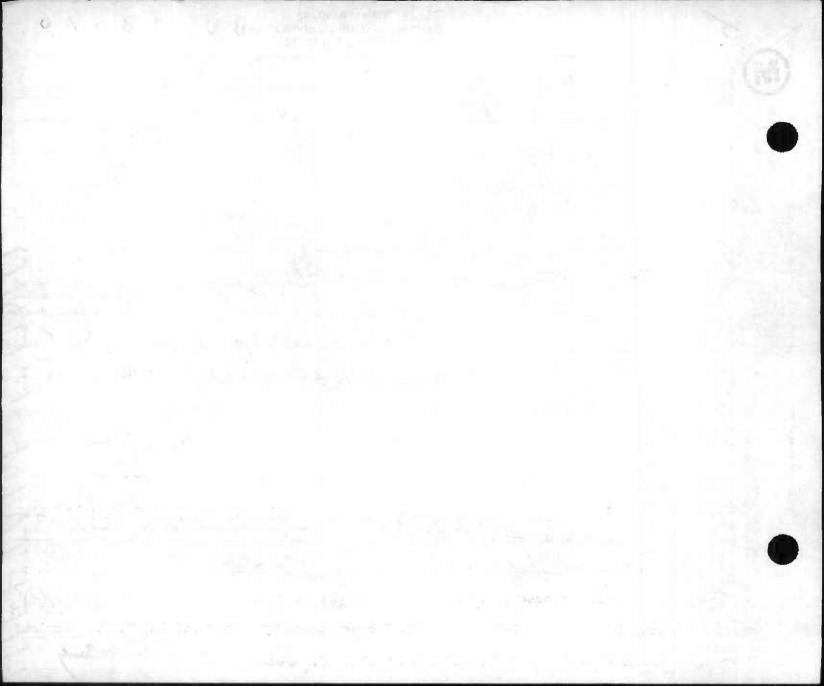
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ATTENDING PHYSICIAN: The law requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physicion.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.		0	9		-

~	REGI	STRAR			CERTIFICATE	PEATH	REG.	NO.		
>	1. DECEASE		FIRST	MIDDLE	LAST		20. DATE OF DEATH		AY YEAR	2b. HOUR
10	(TYPE OR PRIN	FREL	PERICK	W.	ROTH	MEL		JULY 1	6 1980	10=50
	3. SEX		4. RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER 24 HRS
		n	CAU	C	3 /	92	88	YRS.	AONTHS DAYS	HOURS MIN
5. C	7a. BIRTHPLA	ACE (STATE OR FORE	IGN 76 CITIZEN O	F WHAT COUNTRY?	MARRIED NEV	FR MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
80/	NE			ISA	WIDOWED	DIVORCED [MO	NTG	-OME	RY MI
ped 3	10. CITY OR	TOWN OF DEATH		F HOSPITAL, NURSIN		INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS		12b. KIND O INDUSTRY	F BUSINESS OF
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ost be	USUAL RES	DENCE (IF NURSING	HOME OR OTHER INSTITUTION	ON, GIVE RESIDENCE BEFORE 13c. CITY OR TOWI		E CITY LIMITS?	13e. STREET ADDRES	5		570
\$5,5	MI		MONT	55	YES [NO 🔀	14009	CRES	THI	LL LA
mine	14 FATHER'S	FIRST	MIDDLE	LAST /	15. MOTH	ER'S MAIDEN NA	WE	0	LAST	1
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dico }	YES, NO	CEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	? 16b SOCIAL SECUI		TNAMS	ADD	RESS	SAM	E AS
e m	ULK	NO NO	4_31_11	113-26-	-8/7/ //	LLIAN	HOLA	165	ABO	
nt, #	18 CA	NET I. DEATH WAS	Enter only one couse p			,			BETWEEN	MATE INTERVAL DISSI AND DEATH
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ony ii	CERTIFICATION 510 D	ATE OF OPERATIO	-		CPERATION WAS PE		1200 AUTOP	20b. IF YES,	WEREFINDIN	
Smo	TER	Con	ces 1/5	deled	telan Ha	2p. June	2 7 8 1 100	IN CERTIFY YES	ING CAUSES	OF DEATH?
8 sho		CCIDENT WAS UNDER		OF INJURY	21c HOV	VINJUM OCCUR	RED (ENTER MATURE OF IN			
E	OR CO	NTRIBUTING CAU		A.M. MONTH DA P.M.	Y YEAR					
or #	$\stackrel{\circ}{\sim}$	JURY OCCURRED	2 le PLAC	E OF INJURY	211 LOC	ATION	CITY OR T	Own	COUNTY	
rked	AT WOI	NOT WHILE	[AT HOME.	TREET, FACTORY, OFFICE, FA	ARM, ETC.)		1 1	J.W.I.	COUNTY	STATE
oE s			nis hospital attended		mary	19.7.5	10 July	16 1	1980	that (I) (we) lo
121	50	ove (I) (we) did	olive on (did not) view the boo	y ofter death.	ond that in	my) (bur) opinion	death occurred on the	date and hour	and from the o	couses stated
them.	22b. S	GNATURE	00	,	DEGREE				22c. DATE	SIGNED
-		Oan	Midpe	neer	MD	PHYSICIAN Z	MEDICAL ST DIRECTOR PHYS	ICIAN [1-1	6-80
RTAL	22d. PI	HYBICIAN'S NAM		11-0	22e ADD	RESS M	-/ .	0	P	11
MPORT		JOHN		ENCER))	0/10	mpton	4063	Leure	y ma
2	23a. BURIAL,	SEMATION, RE	1 1	-	AME OF CEMETERY		236 LOCATION		COUNTY	STATE
- 13	1.	ZURIA	the Jun	1 18/280	EVER		BROOK	LYN	NEU	1 YOK
7	24 FUNERA	DIRECTOR	HC-M	ADDRESS	Milberry	25a. D'ATI	E REC'D. BY REGISTRA	R 25b. REGISTR	AR'S SIGNATI	media
4 1,19	RAI	10011111	1011	140	III MULL	Ur J	UL 2 3 1980	1 Engl	7	

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ISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTIAND STA	PHY ng ph
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	LOR ATTENOING PHYS
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Page 4 may be

-4		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	18678
m.e		I. DECEASED NAME FIRST (TYPE OR PR. LOUIS	se B.	· Runnels	2a DATE OF DEATH MONTH	DAY YEAR 21. HOUR
		sex Female	Caucasian	5 DATE OF BIRTH MONTH DAY YEAR	4 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
100 B)	7	Mashington, DC	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Monta 61	MELY MD.
by the fulled within	8	Silver Soring	HOLY COSS	tospital.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Homemaker	IZE XIND OF BUSINESS OR INDUSTRY Home
tely filled in by should be filed to examiner must be	5	USUAL RESIDENCE & NURSING HOME OF 130 STATE 135 COU Maryland Mont	or other institution, give residence before JNTY 13c. City or tow t gomery Rockvi.	11e YES 1 NO 1	13. STREET ADDRESS 10401Grosver	or Place
ompletely and 2 sho	61	Not Availah	ole Miles	IS. MOTHER'S MAIDEN NAI FIRST	Not Availab	Le LAST
an and co	1	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	REMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 578-62			34 Duffer Way
signed by the attending physic: nen please remove carbon papers to burial, cremation, or removal y injury, or other traumatic ever		Conditions, if ony, which gave rise to immediate couse 101, stating the underlying cause last	DUE TO, OR AS A CONSEQUE	Shock NCE OF LE EL MORRA OF	SJan (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH () ()
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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23b. DATE

74 FUNERAL DIRECTOR JOSEPH Cawler's Sons Inc.

MIDDLE

FOR

- STATE

1 DECEASED NAME

REGISTRAR

23a. BURIAL, CREMATION, REMOVAL

Burial

BP.

DHMH-16 20M (VRA 15, 4) 7/78 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

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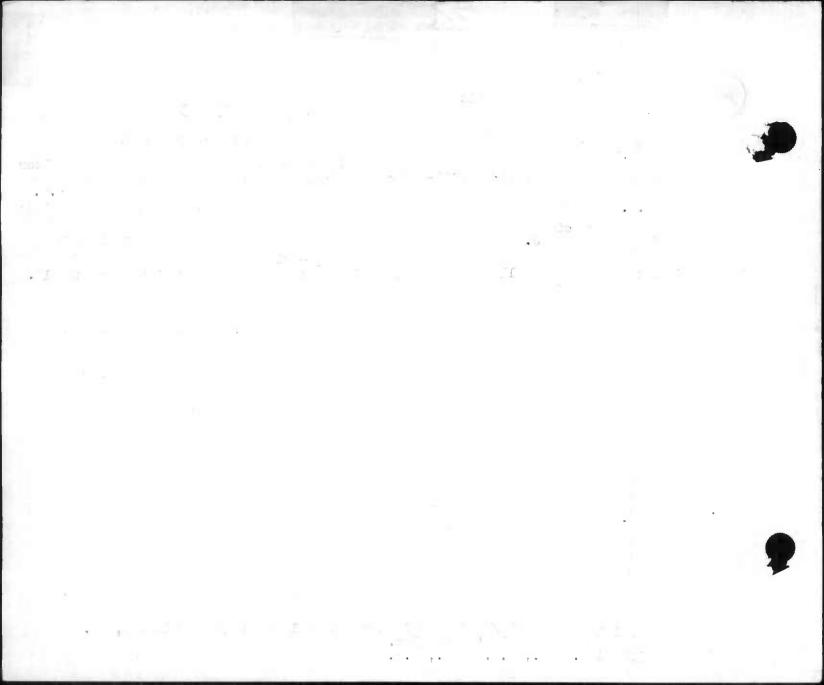
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20. DATE OF DEATH



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STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 his with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical ex

(SPECEN) BURIAL 7-25-80 Gate of Heaven
24 FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral
NAME Homes, P.A., Bethewsta, Md.

Silver Spring 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SKOTATURE
JUL 2 9 1980 Firstry Rollie

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b. HOUR 6 AGE (IN YEARS LAST GIRTHDAY) 1902 9 BALTIMORE CITY OR COUNTY OF DEATH D NEVER MARRIED Montgomery DE DIVORCED OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY spital Housewife 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 7408 Haddington Place YES KIX NO [] 15 MOTHER'S MAIDEN NAME MIDDLE Blajwas Anna Md. 17 INFORMANT Frank Sauber; 6908 Breezewood Terr, Rockville NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 206. IF YES, WERE FINDINGS USED N WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) III LOCATION CITY OF TOWN COUNTY STATE d that fin (my) (aur) apinian death occurred an the date and haur and fram the causes stated ATTENDING MEDICAL STAFF 77e ADDRESS 10301 Georgia Ave., SSpg, Md. 23d. LOCATION EMETERY OR CREMATORY STATE COUNTY Israel Cem. Washington, D.C.

IIIe, Md. 750. DATE REC D. BY BEGISTO 756. REGISTRARIS COMAN Rockville

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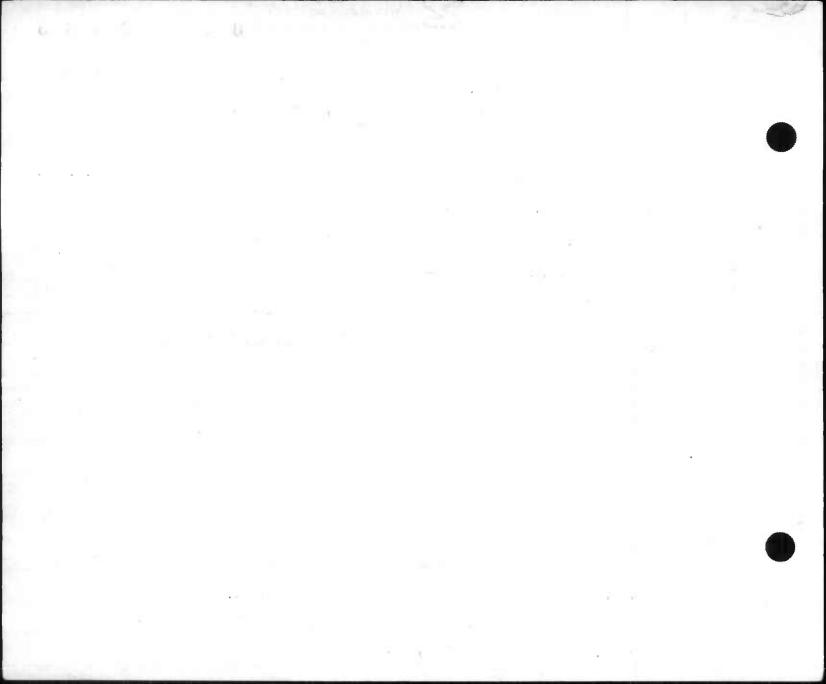
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	S, 201 W. PRESTON ST.,	BALTIMORE, A	AARYLAND 21201	(
ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death Plage hospital or attending physician	ires that the death certif	icate be execute	d within 24 hours ofter a	Mark a short	/
IRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 hed for use as the bund-stansst permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hauri after death page of the other hand Mental Hygiene prior to burial, cremation, or removal.	gned by the attending pl in please remove carbond burial, cremation, or remo	hysician and com papers. Pages 1 o avol	npletely filled in by the figure 2 should be filed with	uneral director, page 3 no 72 havis offer death	
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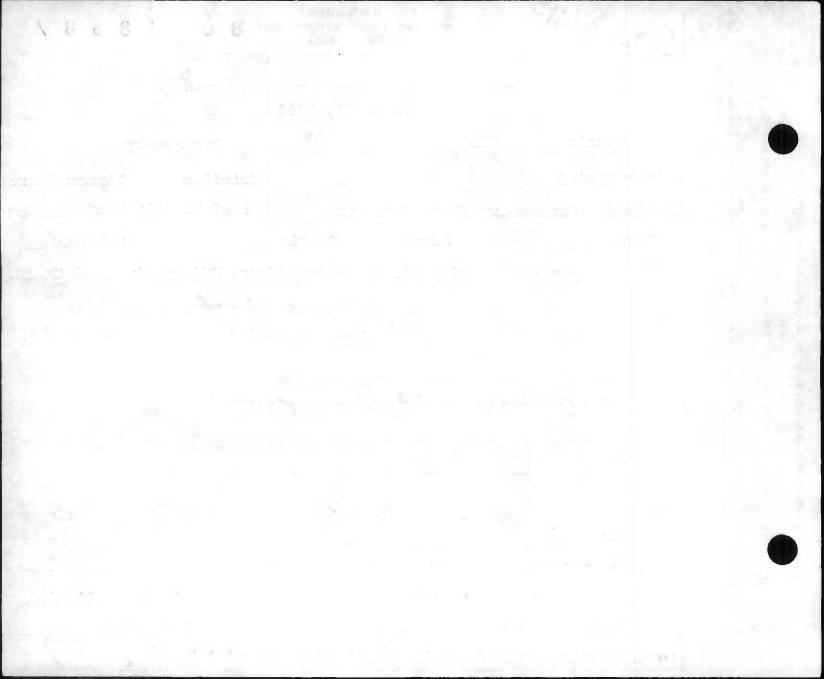
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME "ROBERT MIDDLE "SCHAMBERGER 2e DATE OF DEATH MONTH 26. HOUR TYPE OR PRINTE SR. De an 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 3. SEX & AGE TIN YEARS LAST BIRTHDAY MONTH 16,1924 56 White June Male Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED COUNTRY Wew York USA gomeris DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Nuclear Physicist t U.S. Gov. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 1136 COUNTY 13c CITY OR TOWN 26 Goshen Court 13d INSIDE CITY LIMITS? Gaithersburg Mont. YES 🗍 NO X Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Hodder LAST Eldora Schamberger Sanford 0. ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Same as # 13 068-18-3917 Shirley Schamberger W.W.II Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lige for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION NOTION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? cetere lac ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 214 INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that M(this hospital) attended the deceased from saw the deceased alive an above, (1) (v () (did) (decay) view the bady after death and that in (my) (point apinion death accurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE 22c. DATE SIGNED TO FUNERAL DIE should be detach with the State Del MEDICAL ATTENDING STAFF PHYSICIAN PT DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Dr. H. Robert Birschbach Bethesda, Md. 231 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23d LOCATION (SPECHY) Cremation Washington D cough STATE July 12,1980 Lee Crematory 250. DONE ECD. BY RESIDERAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 20760 Francis H. Barber Laytonsville, Md. DHMH-16 20M (VRA 15, 4) 7/78



	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	18687
		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR 2h. HOUR
		ISAA	C		SC	HATZ	Yelle	11/1980 21
ы	3. SE	(4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS
		Male	Wh	nite	Sept	. 17, 1890		RS.
2 -	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)			WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	BALTIMORE CITY OR COL	JNTY OF DEATH
7 1		Russia		SA	WIDOWE	DIVORCED [Montgor	
6	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING PACILITY, GIVE STREET		R OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12h KIND OF BUSINES!
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1	USU/ 13m S	AL RESIDENCE HE NURSING HO.	ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS?	130. STREET ADDRESS	Ī
2			ntgomery	Chevy	Chas	eYES	9109 Brien	cly Road
,	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	₹ LAST
50		Leon		Scha	atz	Jennie		(unknown)
1		VAS DECEASED EVER IN U.S	ARMED FORCES?	16 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS	
- (No		218-22	2-2957	A Theodore Sc	hatz, 9109 Bri	erly Rd, Ch Ch,
		IL CAUSE OF DEATH (Ent	er anly one cause per	r line for (a), (b), an	nd (CI)	A		APPROXIMATE INTERVA
		PART I. DEATH WAS CA	(USED BY: DIATE CAUSE (0)		12	gotemer/	skock	Mr.
	-9	486-		R AS A CONSEOU	ENCE OF	D		
	7	Conditions, if ony, which			([necessor	eles	11-120
		gove rise to immediat		R AS A CONSEOU	ENCE OF			
		underlying cause los	(5)					
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	NOI	underlying cause los	(c)	ONTRIBUTING TO	DEATH BUT		MINAL DISEASE OR CONDITION	N GIVEN IN PART 1(0)
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	D	lockville			H FACILITY, GIVE STREET			Housewi
2	USU	AL RESIDENCE (IF NU		THER INSTITUTION		ADMISSION!	5 1100	
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and c		VAS DECEASED EVE (ES, NO OR UNKNOWN)		VAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	381
papers. Pag emoval. iic event, th		No			578-68-7	761	Robert M. Sc	hmiach Si
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	CERTIFICATION	190 DATE OF OPER	ATION	I% COND	ITION FOR WHICH	OPERATIC	N WAS PERFORMED	206 AUTOPSY?
certifica I-transit ntal Hyg Item 18		218. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEAT	n .	DE INJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	
After this the burial th and Mer	MEDICAL	214. INJURY OCCU	RRED	216 PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OF T
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TO HOSPITAL OF ATT retained by the hospital TO FUNERAL DIRECT should be detached for u- with the State Dept. of I IMPORTANT: If I tem 2		Myson	nd.	der	ukew	/		DIRECTOR PHYS
O HOSPITA etained by th TO FUNERA! hould be dete with the State		IN SICIAN'S N	NAME (TYPE OR	RINT	,		220 ADDRESS 23090	HOREFIE
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e × s ≺	73a. t	LRIAL, CREMATION	, REMOVAL	23b. DATE	23€ №	AME OF	EMETERY OR CREMATORY	234. LOCATION

FOR - STATE

DHMH-16 25M (VRA 15, 4) 1/79 REGISTRAR

HOURS

REG. NO

2b. HOUR 1980 7:45A M IF UNDER I YEAR # UNDER 24 HRS

OR COUNTY OF DEATH

mery County

126. KIND OF BUSINESS OR INDUSTRY OF WORKING LIFE)

None

ressional Lane

Maguire

Palmira Lane

NDITION GIVEN IN PART To

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

JURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

STATE

date and hour and from the couses stated

7/16/80 Gate of Heaven Cemetery Silver Spring, Md. Burial

24 FUNERAL DIRECTOR 1331 Rockville Pike

Tyson Wheeler Funeral Home Rockville, Md.

5 5 3 13, E 7:EL artimo mesolidad .A. 2. cimowlymous speck a district and a second paragraph occurred lies and a second Haryland . Montrodery Fackville # 1252 onerested 1 Land . I comment of the particle of the second of the second of Mark they wider agreeting and her the green of the same of the same of the

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attending

injury, or other traumatic event, the

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CEKITE	ICAIL OF DEATH	RE	G.NO.		201 70 70
	T DECEASED NAME BENJAM	IN	MIDDLE		SEGAL	20 DATE OF DEA	July	DAY YEAR	26 HOUR 5:20 PM
	3 SEX MALE	4 RACE WHIT		5. DATE C DECEN	BER 25, 1893	6 AGE (IN YEARS LA	ST BIRTHOAY) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY STATE	u.s.		MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMORE CI	TY OR COUNT		MD.
2	ROCKY: 11e	HEBREW	HOME OF G	REATE	R WASHINGTON	(TYPE OF WORK FOR M	PATION	IFE) INDUSTRY	ITURF
2	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU MARY LAND MONTO	GOMERY	SILVER S	V	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDR	ess PRINGVA	LE ROAD	
1	MORRIS	MIDDLE	SEGAL		YETTA YETTA	WIOE	DLE	LESN	
	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? YE WAR OR OATES)	166 SOCIAL SECUI 579-36-1		MRS. JANET	NIRSHNER	3ETHESDA 9234	A, MARYI E. PARKI	LAND HILL DRIV
	WHILE AT WORK AT WORK 220.1 certify that X (this hosp	DUE TO, OI (c) CONDITIONS CO ASCAD 19b. CONDI 21b. TIME O HOUR A.I) P.J. 21e. PLACE (AT HOME, STR	FINJURY M. MONTH DA M. OF INJURY OF INJURY BEET, FACTORY, OFFICE, FA	NCE OF REATH BUT Y YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM LANGE CHORN N WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET 19 and that in (M) (aur) apraian	200 AUTOPSY? YES NO RED (ENTER NATURE OF	20b. IF YE IN CERTIN Y FINJURY IN ITEM 18.	ES, WERE FINDING CAUSES ES PART 1 OR PART 2) COUNTY	NGS USED S OF DEATH? NO STATE
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	23a BURIAL, CREMATION, REMOVAL	23b DATE	23c. N	AME OF C	EMETERY OR CREMATORY	_ 123d LOCATION			

should be detached for use as the burial-tronsit permit. Then please remave carbon pape with the State Dept. af Health and Mentol Hygiene prior to buriol, crematian, ar remaval TO FUNERAL DIRECTOR. After this certificate has been TO HOSPITAL

OR ATTENDING PHYSICIAN: The law attending physician

DHMH - 16 60M 1/75 (VR A 15 (4))

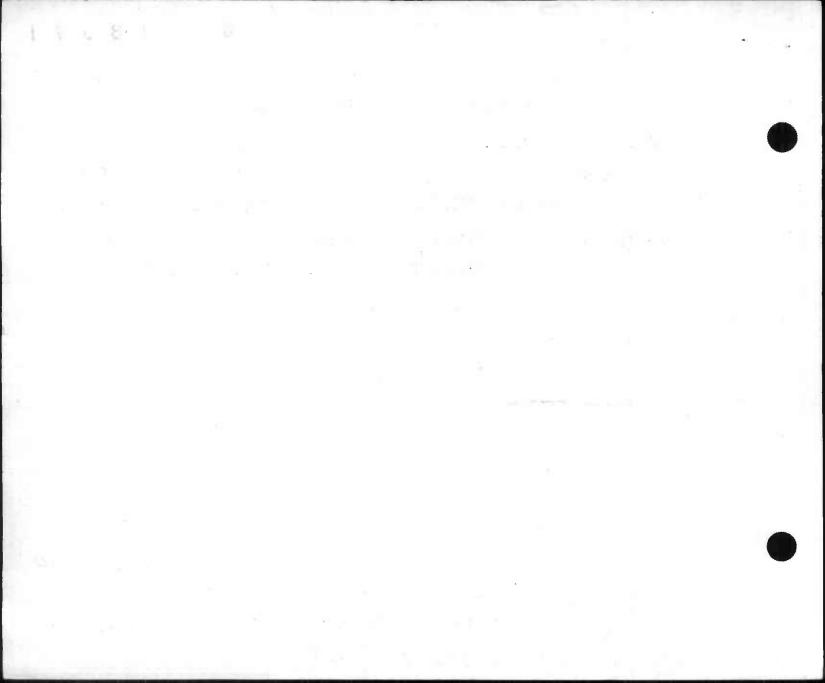
BURIAL 7/16/1980

NATIONAL CAPITOL HEBREW

"DONALD'M. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C. 8 1980

0 6 6 8 4 . 8 -

	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	18691
page 3 er death	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	SeaRAVES	20 DATE OF DEATH MONTH July	14 80 8 PM
I director, po	3. SEX FEMALE	CAUCASIAN	JUNE 17 1904	6 AGE (IN YEARS LAST BIRTHDAY) 76 YR.	#FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
eral dire 72 hour	70. BIRTHPLACE ISTATE OR FOREIGN VIRGINIA	76 CITIZEN OF WHAT COUNTRY U.S.A.		BALTIMORE CITY OR COUNTY	TOMERY MD.
by the funeral of filed within 72 handled	TO CITY OR TOWN OF DEATH BETHESDA	11. NAME OF HOSPITAL, NURS (IF NOT INSUCH FACILITY, GIVE STAP	ING HOME OR OTHER INSTITUTION ET ADDRESS) HOSPI HA	120 USUAL OCCUPATION ITYPE OF WORKED BEAUT	126 KIND OF BUSINESS OR SHOP OWNER
y filled in by the should be filled in by the should be filled in by the should be noticed.	USUAL RESIDENCE (IF NURSING HOME OF	GOMERY 134 GAITHE	RSBURG 134. INSIDE CITY LIMITS?	13-19307 CLUB HO	USE ROAD #202
mpletely and 2 sh	14. FATHER'S NAME FIRST Franklin	Allred	Martha	MIDDLE	Nes tor
Pages 1	160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC SWAR OR DATES) 577-24-		raves (SAME A	S 13e)
physician anpapers. emaval. event, the	PART I. DEATH WAS CAUSE	ily one cause per line for (a), (b), D BY: TE CAUSE (a) Card	· A h		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ttending ve corbo ion, or re iumatic e	Conditions, if any, which	DUE TO, OR AS A CONSEC		Compolers	
rd by the a lease remaind, cremat or other tra	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC		per tongal she	WT
n signed Then ple to burio		CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM		
an. has bee t permit. ene prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Nor well Pr	CHOPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES - NO -
ng physical certificate rial-transi ental Hygi	00.000.000.000.00	HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
er this ce s the burn and Mei	21d. INJURY OCCURRED WHILE DOT WHILE D	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
pital ar grant aft for use ar of Health	220 1 certify that (1) this hasp saw the deceased alive abave (1) we) (did (did no	ital) attended the deceased from	n 70, and that in my (aur) apinian	, ta	hour ond fram the couses stated
the has at DIREC letached ite Dept. T. If them	226. SIGNATURE	00-5	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
etoined by TO FUNERA should be de	Robert Ha	MOGITA	1111 G Rock	ville Pike sut	.502
2 € 2 € \$ ½ —	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	236. DATE 23 JULY 18,1980	ROCKVILLE CEMETERY	23d. LOCATION	ONTGOMERY MDTATE
DHMH-1-6 20M (VRA 15, 4) 7/78	24 FUNERAL DIRECTOR	ADDRESS	ROCKVILLE, 250. DAT	E REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE



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)	It	em #8 Film G546		STATE OF MARYLAND	45 34	3 0 / 19 000	
3 8 8	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	18693	
3 1000	1. DE	CEASED NAME FIRST	WIDDLE	LAST	2R. DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR	
2 4 3 E		С.	Russell	Shetterly	July 21,		
8 80	3 SE	X	4 RACE	5 DATE OF BIRTH	AGE (IN YEARS LAST BIRTHD	# UNDER I YEAR IF UNDER 24 HRS	
Succession of the succession o		Male	Caucasian	Sept. 12, 1898	81	YRS	
Ded at bed	, 0	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	_	ichigan ITY OR TOWN OF DEATH	U.S.A.	WIDOWED A DAYORCED IN INSTITUTION	Montgo	METY County MD. 126 KIND OF BUSINESS OR	
370		ethesda	GENOT IN SUCH FACRITY, GIVE STREET Suburban		(TYPE OF WORK FOR MOST OF W Attorney	ORKING LIFE) INDUSTRY Law	
A die	, 13R.	STATE UN COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 134. INSIDE CITY LIMITS?	134. INSIDE CITY LIMITS? 13r. STREET ADDRESS		
shart the deep certify the before and the things the before and the things the before are now carbon papers. Pages 1 and 2 show all, cremation, or removal.	14. F.	THER'S NAME Charles	MDDLE Joseph Shette	rly Charl	otte	Gardner	
	16a (WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GN Y & S WW)	E WAR OR DATES)	RITY NO. 17 INFORMANT 4781 Henry T. S		4707 Broad Brook	
		Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSEQUI	y geardial i	referction	2 9 days	
A signer plan plan plan plan plan plan plan plan	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)	
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AL STATE AT THE PASSIFT ALD IRECT RECTED FOR THE COMPANDED FOR THE COMPANDED FOR THE PASSIFT IN THE PASSIFT AT		saw the deceased alive are above, (1) [web] (did) (did) (22). SIGNATURE	of view the body offer death.	DEGREE	MEDICAL STAFF DIRECTOR □ PHYSICIA	226. DATE SIGNED Aug. 18,198	
TO HOSPITAL EN CONTROLL OF CONTROLL ONE MALLONE WITH THE State Dept. With the State Dept.		226 PHYSICIAN'S NAME (TYPE OF Allen J.	O'Neill	22R ADDRESS		Rd. Bethesda, Md.	
BP	23a	BURIAL, CREMATION, REMOVAL SPECEY) Burial	002	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Ty Denver	county state	
DHMH-16 25M (VRA 15, 4) 1/79	24 F		RT A. PUMBARE	Y FUNERAL 250 DAT	e rec'd. by registrar 25 G 1 8 1980	frofing 1 & Bleedy	

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TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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1-	FOR STATE REGISTRAR		DEPARTI		ICATE OF DEATH	REG.	NO.	1 0		,
	CEASED NAME FIRST		MIDDLE	U	AST	24 DATE OF DEATH	MONTH	DAY YEA	R 2b. F	HOUR
(1142)	IDA		R.	STLVE	ERSMITH	July 30.	1980		в:	00 1
3 SEX		4 RACE		5 DATE O	FBIRTH	& AGE (IN YEARS LAST		IF UNDER 11		NDER 24 H
	Female	Caucas	ian	MONTH	7 14, 1912	68	YRS	MONTHS D	AYS HOU	JRS M
	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1		BALTIMORE CITY		Y OF DEAT	Н	
CC	Russia	U	SA	WIDOWE	DESE DIVORCED	Montgor	loru			
10 CT	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPA	TION		D OF BU	SINESS
	nevy Chase	548	O Wiscons:	in Ave	enue	Clerk			. Go	vt.
13a S		ME OR OTHER INSTITUTION OUNTY	13c. CITY OR TOW Chevy Ch	/N	134. INSIDE CITY LIMITS?	13. STREET ADDRES 5480 Wi		in Ave	nue	
14.FA	ATHER'S NAME FIRST Benjamin	WIDDLE	Reznic!	k	15. MOTHER'S MAIDEN NAME FIRST Sarah	ME		Sos	nick	
	VAS DECEASED EVER IN U.S		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD	RESS			Md.
(4	YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	156-03-6	6973	David Reznic	k: 12103 (reenle	eaf Av	e	Pot
1	Conditions, if any, which gave rise to immediate cause (a), stating the	(b)_	DR AS A CONSEQUE		OFONAT	y des	eas	4		
ICATION	gave rise to immediate cause (a), stating the underlying cause las	DUE TO, C	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	UNAL DISEASE OR CO	20b. IF YE	VEN IN PAR	NDINGS I	
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DIRECTOR: After this certificate has beer ched for use as the burial-transit permit. The Oept. of Health and Mental Hygiene prior

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IMPORTANT: should be detack with the State

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2e. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Celia Simpson 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS Female. Caucasian 1896 Dec YRS Te. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED New York WIDOWED 1 DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Holy Cross Hospital Clerk Dept. Store Maryland Montgomery 13e STREET ADDRESS Kensington 134 INSIDE CITY LIMITS? 10422 Fawcett Street YES TX NO T 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME John MIDDLE FIRST MIDDLE LAST McMahon Mary Kina ADDRESS 8910 Saunders Lane 4s WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-52-6705 Kenneth W. Simpson, Jr., Bethesda, Maryland No APPROXIMATE INTERVAL IS CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 10 days Acute Myocardial Infarction IMMEDIATE CAUSE to: DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINE®) P.M 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK June 26 22a, certify that (1) (shis hasastel) attended the deceased fram 80 saw the deceased alive an, and that in (my) (over) apinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL MO PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) BARRY HELHY 10620 GEORGIA AVENUE 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23h. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial July 8, 1980 Gate of Heaven Cemetery Silver Spring. 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY BEST LINERAL HOMES, 250. DATE REC'D. BY REGISTRAR She GISTRAR'S SIGNATURE A., Rockville, Maryland (VRA 15, 4) 1/79

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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CEPTIFICATE OF DEATH

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REGISTRAR				CERTII	ICAIL OF DEATH	REG. N	O. 1			
1. DECEASED NAME (TYPE OR PRINT)	FIRST Ma	ry	A		eris	20 DATE OF DEATH	7 25	DAY 8C	YEAR	25 HOUR 2:30AI
3 SEX		4 RACE		5. DATE C		& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER	_	IF UNDER 24 HRS
Female		W	nite		ember 9, 1911	78	YRS	MONTHS	DAYS	HOURS MIN
7a. BIRTHPLACE ISTA			N OF WHAT COUN	VIRY? 8	D X NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEA	HTA	
Pennsylva	nia	ī	J.S.A.	WIDOWE		Montgo	mery	-		MD
IO. CITY OR TOWN C		II. NAM	E OF HOSPITAL N	URSING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b K		F BUSINESS OR
Olney					osp.OlneyM	Housewif)F WORKING I	LIFE) INDU	JSTRY HC	ome
USUAL RESIDENCE	IF NURSING HOME	OR OTHER INSTI UNTY	TUTION, GIVE RESIDENCE 13c CITY OF		\$13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
Maryland	N	font.	Co. Silve	r Spring	YES 🔀 NO 🗌	1110 Fid:	Lers	Lane		
4 FATHER'S NAME		MIDDLE	LAS	ST.	15 MOTHER'S MAIDEN N	IAME MIDDLE			LAS	1
Fred		000	Burto		Catherin			Cond		
60 WAS DECEASED		ARMED FOR		SECURITY NO.	17 INFORMANT	ADDR	ESS			
No		ne	Unkno	own	Catherine F	Roe (Daughte:	r) Sa	me as	3 #	13.
enderlying PART 2: OTHE	o immediate stating the zouse last	- !	O OR AS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TER	BP IMINAL DISEASE OR CON	DITION G	WEN INF	ART TH	180
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saw, the a	par (I) (this hor	n_ 7/	body after death.	(20) /	nd that in (my) (our) opinio	n death occurred on the d	ate and ho	our and fre	om the	that (1) (we) last couses stated
27h SIGNATU					DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	276	7/2	5/80
224 PHYSICIA	N'S N ME (IVA		w essences		27s. ADDRESS	//	10	_	/	-
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TO FUNERAL DIRECTOR rauld be detached far oth the State Dept. of APORTANT, IF IN

23a BURIAL (SPECIFY) 23b DATE 231 NAME OF CEMETERY OR CREMATORY

Morningside Cemetery Dubois, Clearfield Co., Burial
M FUNERAL DIRECTOR Silver Spring, Maryland Chambers Funeral Home

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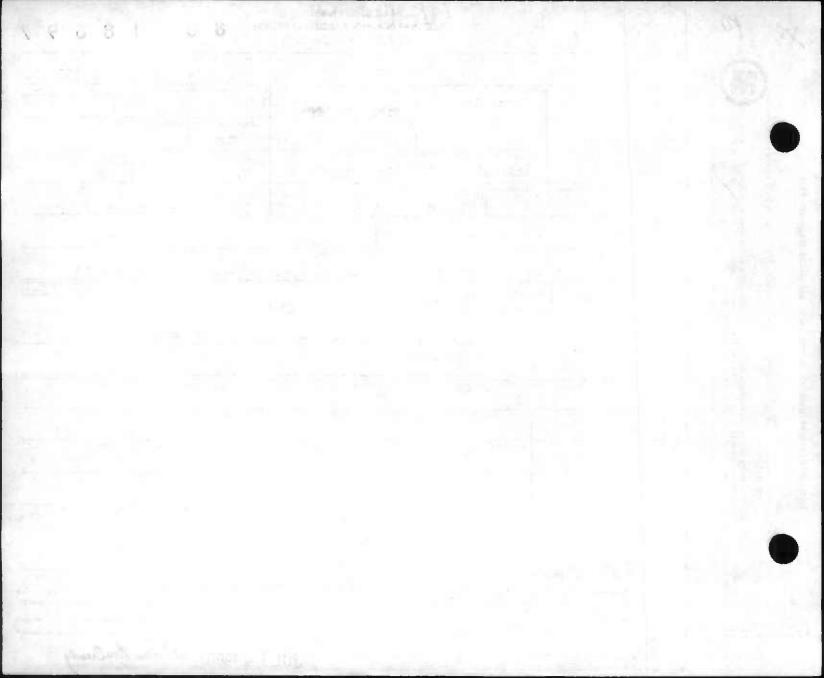
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	TO HOSPITAL OF ATTENDING PHYSICIAN: retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	O	Ü G. NO.	1	8	6 9	1 7
1. DECEASED NAME	FIRST	1	MIDDLE		LAST	20 DATE OF DEAT	н монтн	DAY	YEAR	2b. HOU	R
(TITE CATALITY)	John		S	SKIBI	AK	Ju	ly 7	198	30	1119	PM
Male Male	4	Caucas	sian	S DATE C	H DAY YEAR	4. AGE TIN YEARS LAS	T BIRTHDAY)	MONTHS	OAYS	IF UNDER	24 HRS MIN.
78. BIRTHPLACE (STATE OF COUNTRY) Pennsylvan		USA	WHAT COUNTRY?	1	D NEVER MARRIED	Montgom	Y OR COU		EATH		MD.
Bethesda		1. NAME OF	HOSPITAL, NURSIN HEACILITY, GME STREET AL Naval I	G HOME C	al Center	120 USUAL OCCU (TYPE OF WORK FOR MI U. S.	OST OF WORKIN		KIND O DUSTRY	F BUSINE	SSOR
USUAL RESIDÊNCE (FN 130 STATE Virginia	VISING HOME OF COUNT V3b COUNT Fairf	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Vienna		134. INSIDE CITY LIMITS?	13a STREET ADDRE		Stree	et.	S.W.	
14 FATHER'S NAME Alex	мі	Ski	ibiak		15. MOTHER'S MAIDEN NAME FREST Anastasia	MIDD	lE.	S	ins Slota		
(YES, NO OR UNKNOWN)	ER IN U.S. ARM (IF YES, GIVE V 1940-	VAR OR DATES)	166 SOCIAL SECU 179 18	3482	Mrs. Beatrice	A Skib	DDRESS	ee it	5		
	mmediate string the use last	DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR C		GIVEN IN			
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DO GOV. TO WATER OF	CAUSE OF DEATH	216. TIME O HOUR A. P.	M. MONTH DA	YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM	18, PART 1 OF	PART 2)		
U STEETHER, NOTIFY MEI 2 Id. INJURY OCCU WHILE NOT AT WORK AT	WHILE WORK	21a. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY O	RTOWN	co	VINU	ST	ATE
220 1 certify that sow the dece above, (1) (we	(1) (this hospital ased alive on) (did) (d/d hat)	500 mm			ne 30 , 19 80 and that of (my) (our) opinion o	to, to		19_8 hour ond f		that (1) (v	,
226 SIGNATURE 226 PHYSICIAN'S	sco.	ee.	mlee			MEDICAL DIRECTOR PH	STAFF YSICIAN 🙀	T		8,19	80
	ge T. Ga	·			National Nav	al Medica	1 Cen	ter,	Beth	esda	, Md
230. BURIAL, CREMATION (SPECIFY) Burial	N, REMOVAL	23b. DATE 7-11-	Α-		ton National	23d LOCATION CITY OF TOWN Arlingt	on A	rling	gtor	va.	31.
24 FUNERAL DIRECTOR NAME Money &	King F	uneral	Home V	ienna		REC'D. BY REGISTI	0	GISTRAR'S		14	

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,



	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF HEALT	MARYLAND H AND MENTAL HYG TE OF DEATH	SIENE 8 0	NO.	8	6 9 8
		CEASED NAME FIRS	LLIAM	J.	CLAST	ITERY	2ª DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR 7 - 15
	3 SE		4 RACE		5 DATE OF BIR	тн	& AGE (IN YEARS LAST I		UNDER I YEAR	IF UNDER 24 HRS
nce.		MALE	WHITE		AUG 25	5.1933 YEAR	4	6 YRS	NTHS DAYS	HOURS MIN
1000		RTHPLACE (STATE OR FOREIGN OUNTRY) WASHINGTON.		WHAT COUNTRY?	In .	NEVER MARRIED	9 BALTIMORE CITY MONTGO		F DEATH	MD.
71		TAKOMA PARK	WASHI	HOSPITAL, NURSIN H FACILITY, GIVE STREET, NGTON ADV	ENTIST H		12R USUAL OCCUPA (TYPE OF WORK FOR MOS' LIBRARIA	TOF WORKING LIFE!	INDUSTRY	BUR OF ST
35	13r. S	MARY LAND MO	ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW SILVER S	PRING YES	INSIDE CITY LIMITS?		s UBLIN DI	RIVE	
5		ATHER'S NAME FIRST JAME		SLATT	ERY	AOTHER'S MAIDEN NA	INA	DEC.	GANN	
t, the mi		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF YE YES	5. ARMED FORCES? 5, GIVE WAR OR DATES)	578-42-		MARIE C. SL		SAME AS		WIFE
any injury, or other trauma	NOI	Canditions, if any, whingove rise to immedia cause (a), stating the underlying cause last	b (b)	R AS A CONSEQUE	Myclot With av	YTI JEUKEUN KOUNU	Ph	gatad g Se -	M U	re may ly
9	CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION WA	AS PERFORMED	200 AUTOPSY?	20b. IF YES, YES		NGS USED S OF DEATH?
1		216. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAL	DE DEATH HOUR A.	M. MONTH DA	AY YEAR	HOW INJURY OCCUR	RED JENTER NATURE OF IN	JURY IN ITEM 18, PAR	T I OR PART 2)	
	MEDICAL	216. INJURY OCCURRED WHILE ON OT WHILE OF AT WORK	21r PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	LOCATION	CITY OR T	OWN	COUNTY	STATE
51 7 113		22e.I certify that (1) (this saw the deceased al- abave/(1) (we) (did) (d	7/5/	80 19	6/30 , and the	it is (my)(aur) apinian	ta			tha (IP (see) last causes stated
TNT: II		22h. SIGNAFURE	Buplale	ez	MO	ATTENDING	MEDICAL ST DIRECTOR PHYS	AFF SICIAN 🗌	224. DATE	SIGNED 7 7/8V
MPORTAN		Debu	rah B 6	oldbe	rg	11 Cle Sprin	ng St, Si	luce S	Dring	of Manyon
_	- "	BURIAL, CREMATION, REMO SPECIFY BURIAL	7/9/8	O GA	TF OF H	ERY OR CREMATORY	236. LOCATION CITY OF TOWN	R SPRIN	OUNTY	STATE
25M 1/79		UNERAL DIRECTOR FRAI		LLINSMESS		25e. DAT	E REC'D. BY REGISTRA 11 1980	Risk State	y hel	NURE IV

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JAMES A. SLATFERY CELTUA GALVOV

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	FOR STATE REGISTRAR	DEPARTM	AENT OF HEALTH A		IENE 8 0	1	8	6	9	
	1. DECEASED NAME FIRST TYPE OR PRINT) SOOK	Cooper (Sloan	\	20 DATE OF DEATH MONT	DAY DAY	VEA USE	30	95 95	R SP
	3. SEX	4 RACE	5 DATE OF BIRTH	1	6. AGE (IN YEARS LAST EIRTHDAY)		UNDER 1 Y	EAR	# UNDER	24 HRS
	←Female	Black	MONTH /	9/05	75	YRS.	NTHS D	AYS	HOURS	MIN
	74. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NE	VER MARRIED	BALTIMORE CITY OR CO	DUNTY	F DEAT	Н		
)	North Carolina	USA	WIDOWED	DIVORCED [Montgomery	7 Co	unt	У		M
7		11. NAME OF HOSPITAL, NURSING I IF NOT IN SUCH FACILITY, GIVE STREET A	ADDRESS)	RINSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	RKING LIFE)	INDUS	TRY	BUSINE	SS O
	Silver Spring	Holy Cross Ho	ospital		Retired		N	ON	E	
	USUAL RESIDENCE IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)							

		DIGON			(=	FR3.		
	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF	-		
OV	rth Carolina	USA	WIDOWE	DIVORCED [Montgome	ry Co	unty	MD
), CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET.		ROTHER INSTITUTION	124 USUAL OCCUPATION		12h KIND OF BUS	SINESS OR
Si	lver Spring	Holy Cross Ho	ospit	al	Retired		NONE	
SU	L RESIDENCE IN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13. STREET ADDRESS			
-	rth Carolina			YES X NO	802 B Mar	sh St	reet	
FA	THER'S NAME Loren	McIntyr	·e	15 MOTHER'S MAIDEN NAM	WE		LAST	
	Earl	Sloan		Jane	Coope	er	LASI	
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO	17 INFORMANT 1170	00 01d COT	umbia	Pike, M	ID
	No	239-22	-9791	Juanita Slo	oan (daugh	ter)S	ilver S	prin
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and					BETWEEN ONSET	NTERVAL AND DEATH
	IMMEDIA1	TE CAUSE 10) COCCUP O	o Ca	ul, ac aver				
	411-	DUE TO, OR AS A CONSEQUE	NCE OF	0	- 1			
	Canditions, if any, which	(16) Global S	suber	rocarde al	polium a	_		
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220 I certify that (I) (this haspital) attended the deceased from and that in ((aur) apinian death occurred on the date and hour and from the causes stated saw the deceased plive an 7-22-

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4 le ou levillac	will mo	ATTENDING MEDICAL PHYSICIAN DIRECTOR

274. PHYSICIAN'S NAME (THE OFFRINT)

220 ADDRESS

STAFF
PHYSICIAN

Cylorens	TUMBERN	JY
RIAL, CREMATION, REMOVAL	236. DATE	230

NAME OF CEMETERY PROPERTORY

23d. LOCATION

Greensboro, North Carolina

Burial

FUNERAL HOME 3831 GA AUS MASH. D.C.

HARGETT F.H. 905-E MARKET ST. GreensGORD N

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

ATTENDING PHYSICIAN:

TO HOSPITA

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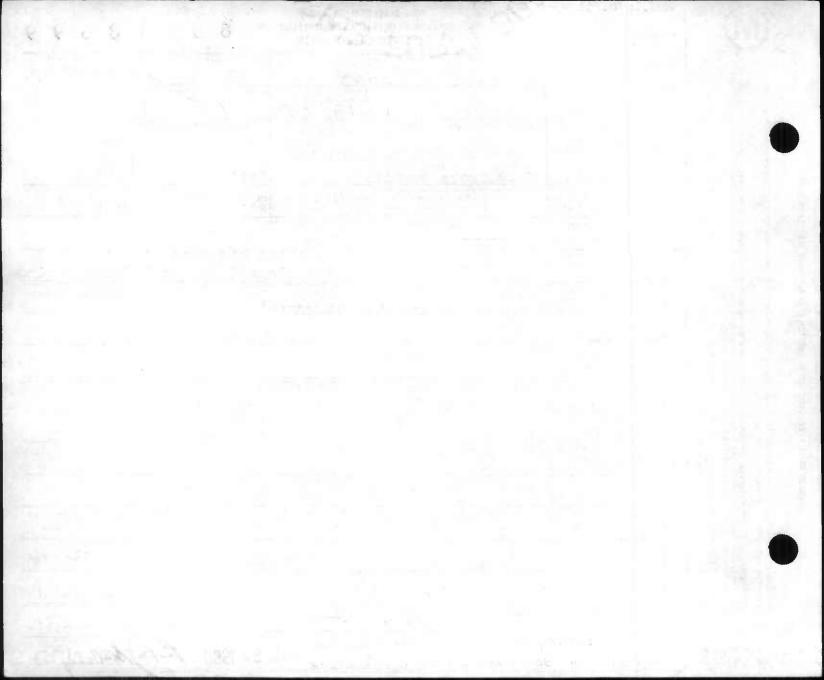
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IMPORTANT: If Item 21 is marked or Item 18

MEDICAL

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR		MED	ICAL EXAMIN	NER'S C	ERTIFICA	TE OF DE	AMH RE	G. NO.	0	, 0	V
	1. DEC	EASED NAM	AE FIRST		WIDDIE		LAST		20. DATE KNOW	/N TX MC	ONTH DAY	YEAR	2b. HOUR
	(TYPE	OR PRINT)	Marie	e El	izabeth	S	medley		OF ESTI		7/28	1980	M
1	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YE	EARS IF UN	DER 1 YR. IF	UNDER 24 HRS	2c. DATE	MO	INTH DAY		10:20
	Fe	male	White		1922 58 Y	RS.	S DAYS HO	DURS MIN.	PRONOUNCED DEAD		7/28	1980	10:20 P. M
		RTHPLACE (7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRI	ED X NEVER	MARRIED	9. BALTIMORE	ITY OR CO	DUNTY OF	DEATH	1000
4			ersey	U.S.	Α.	WIDOW	-	IVORCED	Montgo				MD.
	10. CI	Y OR TOWN	OFDEATH		TAL, NURSING HOM	E, OR OTH	ER INSTITUTIO	N 12a US	MAL OCCUPATION	(TYPE OF W	ORK 12b. K	IND OF BUS	SINESS
	C	lney		100000000000000000000000000000000000000	SPACE TO NEO	ad, #	34		usewife	_	n Hor	me	
1	USUA 13a ST		E (IF IN NURSING HOME O	OK CHIEK HADILLO LOTA DIAE	ERESIDENCE SEPORE AUMISS 113c. CITY OR TOWN	SION)	13d. INSIDE CITY L	IMITS? 13e ST	REET ADDRESS	Spar	tan	Rd.	
9		ryland		gomery	Olney			10 32	2 Specte	r Roa		,4	
,	14. FA	THER'S NAM		MIDDLE	LAST		15. MOTHER'S FIRST	MAIDEN NAM	MIDDLE		6.7	LAST	
a		An	drew	McKelvey	v McInt	trve	NFORMAN	arah			В:	urke	
			ED EVER IN U.S. AR.	MED FORCES?	166 SOCIAL SECURI	TY NO.	17 INFORMAN	11	321	2 Sp			
	N	(YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 10. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 064-16-3018 David Smedley Olney, Marylar										J.,	
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY:									-	APPROXIMATE TWEEN ONSET	AND DEATH
-1		PARITE	IMMEDIA	TE CAUSE (a) Met	astatic ca	rcino	ma						
	DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if any, which gave rise to immediate (b) carcinoma of the breast.									2 yrs.			
	cause (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF lying couse last.												
		17.1.9 4		(c)									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
	CERTIFICATION	None											
-3	CA	19a. DATE C	F OPERATION	19b. CONDITI	ION FOR WHICH OPE	RATION W	'AS PERFORME	D?			20.	20. AUTOPSY?	
4	RTIF	No	1e			T.			10.0			YES	NO X
3	CE	UNDERLYIN	IAL CAUSE WAS	11b TIME OF HOUR A.M.	MONTH DAY YEA		OW INJURY OC		R NATURE OF INJURY IN I	TEM 18 PART I	OR PART 2)		
and I	CA	CONTRIBU	TING L CAUSE OF		19	1016 1 0		None					1111111
	MEDICAL		OCCURRED		FINJURY (AT HOME, DRY, FARM, ETC.)		CATION		CITY OR TOWN		COUNTY		STATE
		AT WORK	NOT WHILE [
		22a. I cer	tify that I taak char	ge of the remains desc	ribed abave, held an	Autap	sy , lr	spectian .	Inquiry X,	and in	my opinion		
	100	death resu	ited fram: Natu	orol couses X,	AccidentS	weide	, Homicide	Und	etermined manner				
	3	ACTUAL	7	0 1	11		TITLE (SPEC	,			DATE	- 1 1	
Mar ey,		SIGNATUR	6	ten	1/05	DA	Deput	y ME	DICAL EXAMINER		SIGNED.	7/29/	80
7		EXAMINER,	John John	n S. Roger	s, M.D.		ADDRESS S	919 Semi ilver S	inary Roa pring, Mo	d ntgon	nery,	Md.	
	23a.Bl	JRIAL, CREM	ATION, REMOVAL	JIA. DATE	23c. NAME OF CE	EMETERY C	R CREMATORY	23d. I	OCATION Y OR TOWN		COUNTY	ST	ATE
	1	Buri	alac	7/31/80	Gate	of He	aven	Cemete	Silv GISTRAR 236	er s	princ	a Mé	
	24. Ft	INERAL DIRE	cion / Soul	6/1han	843	34 Ga	. Ave	DATE RECD.	ST MEGISTRAR 236	. REGISTRA	HK Z STUN	RURE	
	30	Warne	r E. Pu	mphrey,	Inc., Sil				0 4 1980	tion	tony 1	relies	4

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STATE OF MARYLAND

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by the attending physicion ase remave corbonpopers.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or attending physician.

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marked or Item 18 shaws

IMPORTANT: If Item 21 is

FOR

Charles

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

H

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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STATE

7 0

Hansell

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 /	0 4
1. DECEASED NAME FIRST (TYPE OR PRINT) MAY	BUSHALL	SOUDER	20. DATE OF DEATH MONTH	DAY YEAR 10 - 80	P P
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	White	MONTH DAY YEAR	88 YRS	MONTHS DAYS	HOURS MIN
7d. BIRTHPLACE (STATE OR FOREIGN Washington, DC	76 CITIZEN OF WHAT COUNTRY?		34 - 1		м
Silver Spring		IG HOME OR OTHER INSTITUTION ADDRESS) A Avenue,	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	LIFE) INDUSTRY	ome
USUAL RESIDENCE (IF NURSING HOME OF NURSING HO	or other institution, give residence before the structure of the structure	Pringyest NO [13. STREET ADDRESS 9127 Georgia	Avenue	,
14. FATHER'S NAME	AND LACY	15. MOTHER'S MAIDEN N	NAME	'	

Bushall

 		Dubitali	Margaret	Hansell
	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO.	17. INFORMAN (daughter) ADDRESS	
no	none	220-50-9004	Margaret J. Souder (same a	as 13e)
PART I. DEATH W 436 Conditions, if ony, gove rise to imm	H lEnter only one couse per AS CAUSED BY: IMMEDIATE CAUSE (o) which neediote g the	line for (n) (h) and (c))	rized arterios elerosis	APPROXIMATE INTERVAL

Margaret

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 19b. CONDITION FOR WHICH OPERATION WAS

-				YES 🗌	NO	IN CERTIFYING CAUSES YES	OF DEAT
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH [P.M.	21c. HOW INJURY OCCURRED	(ENTER N	ATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
	ALL BUILDING COLUDDED		TOU LOCATION				

ICATI	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO		20a. AUTOPSY?	20h. IF YES, WERE FINI	DINGS USED		
H	Market Contract of the Contrac			YES NO	YES 🗌	NO 🗆		
CAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19						
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STAT		

	sow the deceased alive on, above, (I) (did)	7-9 19 80	_, ond that in (my) pinion death occurred on	the date and hour and from the causes stated
ı	22b. SIGNATURE	7	DEGREE	22c. DATE SIGNED

22b. SIGNATURE	DEGREE		22c. DATE SIGNED
Deugstack	mas.	ATTENDING MEDICAL STAFF PHYSICIAN ADDIRECTOR PHYSICIAN	7-10-

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS

G. Sengstacl	c,MD	9241	Columb	ia Blvd.	S.S. Md.
230. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN	COUNTY

Burial Cemetery Washington DC FUNERAL DIRECTOR Pumphrey,

DHMH-16 50M 7/77 (VR A 15 (4))

99 68	11-7	5136,1152	BUSHALL	4.4
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7-10-80			AS THE	
	J.	End Elvin		

	1.55	STATE REGISTRAR	WIDDLE	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 2b. HOU
		CEASED NAME FIRST OR PRINT)	WIDDLE	<	76 DATE OF DEATH MONTH	27 80 75
		Anna	To a con	Jowin	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER
1	3. SE		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	AGE (IN YEARS LAST BRITHDAY)	MONTHS DAYS HOURS
		Female	White	11 2 1899	80 YRS	
40		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	IT OF DEATH
10		Pa.	U.S.A.	WIDOWED DIVORCED	Mon	T.
10	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION SET ADDRESS)	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
08	F	alver Sprin		os 3 Hospital	Sales Clerk	Retail St
1	USU/	AL RESIDENCE (IF NURSING HOME!	ON OTHER INSTITUTION, GIVE RESIDENCE BEFUNTY 13c CITY OR TO	ORE ADMISSION) OWN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
15				Spr. YES NO [1705 Cody D	rive
	14 F/	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME MIDDLE	LAST
60		Anthony			Unknown	
		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS 0.5	Cody Driv
1		No	Unanta	0-2435 XXXXI EAnthony Ro	villard Sil	Spr. Md.
		18 CAUSE OF DEATH (Enter	anly ane cause per line far (a) Tb',		6-	APPROXIMATE INTE
		PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (a)	mako nneun	mea	
		495 mmedi				
	-0.0	Conditions, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF		
		gave rise to immediate	(b)			
		cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
		underlying cause last.	1			
			(c)		MINAL DISEASE OF CONDITION O	SIVEN IN LEART 1 (a)
	Z			O DEATH BUT NOT RELATED TO THE YER	MINAL DISEASE OR CONDITION C	SIVEN IN PART 10
to 'Amin' Ame of	ATION	PARTY OTHER SIGNIFICANT	r conditions contributing to	O DEATH BUT NOT RELATED TO THE TER	errent Terrica	(ES, WERE FINDINGS USE
	IFICATION		r conditions contributing to		200 AUTOPSY? 200. IF Y	YES, WERE FINDINGS USE TIFYING CAUSES OF DEA'
1	ERTIFICATION	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO THE POLEMENT 196. CONDITION FOR WHICE	O DEATH BUT NOT RELATED TO THE TERM WHO SHOULD LEED CH OPERATION WAS PERFORMED	VES NO	YES, WERE FINDINGS USE TIFYING CAUSES OF DEA YES NO
19	AL CERTIFICATION	PART OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	T CONDITIONS CONTRIBUTING TO TO DEATH TO DEATH TO CONDITION FOR WHICE TO DEATH TO DEATH TO CONDITION FOR WHICE TO CONDI	O DEATH BUT NOT RELATED TO THE JERN THE SWORD RELATED TO THE JERN THE	200 AUTOPSY? 200. IF Y	YES, WERE FINDINGS USE TIFYING CAUSES OF DEA YES \(\text{NO} \)
19		PART OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E [IF EITHER, NOTIFY MEDICAL EXAMINI	T CONDITIONS CONTRIBUTING TO THE PROPERTY OF	O DEATH BUT NOT RELATED TO THE TER. CH OPERATION WAS PERFORMED DAY YEAR 19	VES NO	YES, WERE FINDINGS USE TIFYING CAUSES OF DEA YES NO
19	MEDICAL CERTIFICATION	PART OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C [IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	T CONDITIONS CONTRIBUTING TO TO DEATH TO DEATH TO CONDITION FOR WHICE TO DEATH TO DEATH TO CONDITION FOR WHICE TO CONDI	DAY YEAR 19 O DEATH BUT NOT RELATED TO THE TEND O DEATH BUT NOT RELATED TO THE TEN	VES NO	VES, WERE FINDINGS USE TIFYING CAUSES OF DEA YES NO [8, PART 1 OR PART 2)
19		PART OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	T CONDITIONS CONTRIBUTING TO THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211 LOCATION STREET	200 AUTOPSY? 100 IF YES NO REED GENTER NATURE OF INJURY IN ITEM IS	VES, WERE FINDINGS USE TIFYING CAUSES OF DEA YES NO (8, PART 1 OR PART 2) COUNTY
19		PART OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C [IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this has	T CONDITIONS CONTRIBUTING TO THE PLACE OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE Spital) of lended the deceased from	DAY YEAR 19 211 LOCATION STREET 19 211 LOCATION 19 211 LOCATION 19 211 LOCATION 19 211 LOCATION	200 AUTOPSY? 1200. IF YES NO NO NOTION IN ITEM IS	VES, WERE FINDINGS USE TIFYING CAUSES OF DEA YES NO 8, PART 1 OR PART 2) COUNTY 1980, that (I)
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19	WEDICAL 23e	PART OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	T CONDITIONS CONTRIBUTING TO THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OF INJURY) TOTAL TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE OF INJURY) TOTAL TOME OF INJURY (AT HOME, STREET, FACTORY, OFFICE OF INJURY) TOTAL TOME OF INJURY (AT HOME, STREET, FACTORY, OFFICE OF INJURY) TOTAL TOME OF INJURY (AT HOME AM, MONTH P.M.)	DAY YEAR 19 211 LOCATION STREET DEGREE ATTENDING 212 ADDRESS 33 LU 214 LOCATION 215 ADDRESS 33 LU 216 ADDRESS 33 LU 217 ADDRESS 33 LU 218 ADDRESS 34 LU 218 ADDRESS 35 LU 218 ADDRESS 37 LU 218 ADDRESS 38 LU 218 ADDRESS 218 ADDR	CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR TOWN 23d. LOCATION 23d. LOCATION 23d. LOCATION 23d. LOCATION 23d. LOCATION 23d. LOCATION	VES, WERE FINDINGS USE TIFYING CAUSES OF DEA' YES NO [8, PART 1 OR PART 2) COUNTY S 22c. DAJE SIGNED 7 28 8
19	WEDICAL	PART OTHER SIGNIFICAN: 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOTWHILE ATWORK 22a. I certify that (1) (this has saw the deceased alive above, (1) (metidid) (dm.) 22b. SIGNAYURE 22d. PHYSICIAN'S NAME (TYPE ANTONIO BURIAL, CREMATION, REMOVA	T CONDITIONS CONTRIBUTING TO THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OF INJURY) TO PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OF INJURY) TO PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OF INJURY) TO PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OF INJURY) TO PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE O	DAY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 212 ADDRESS C NAME OF CEMETERY OR CREMATORY C NAME USE CAME AT CAME OF CEMETERY OR CREMATORY C NAME USE CAME AT CAME OF CEMETERY OR CREMATORY C NAME USE CAME OF CAM	CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR TOWN 23d. LOCATION 23d. LOCATION 23d. LOCATION 23d. LOCATION 23d. LOCATION 23d. LOCATION	COUNTY 222. DAJE SIGNED COUNTY S COUNTY S COUNTY COUNTY S COUNTY S COUNTY COUNTY S COUNTY COUNT

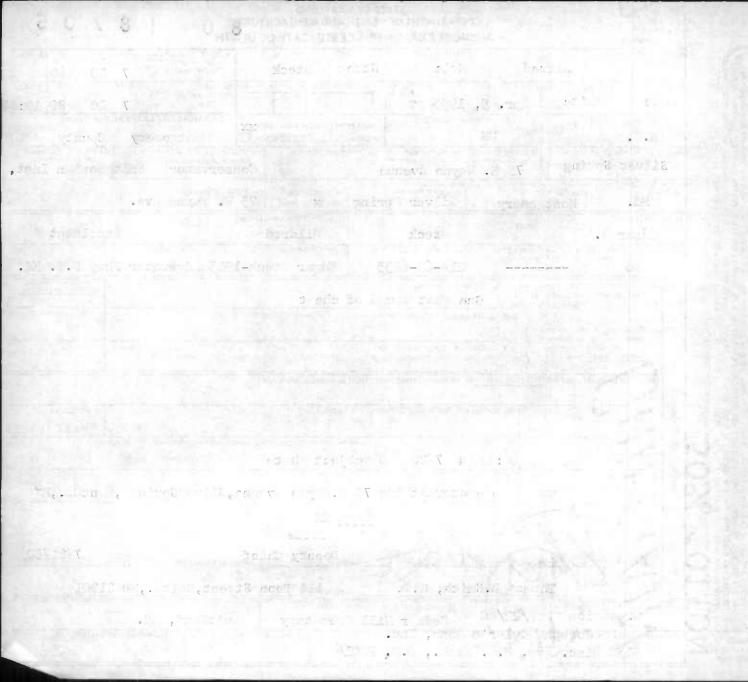
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 8 CERTIFICATE OF DEATH . DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR (Type or print) Month E13 3. SEX 4. RACE AGE (In years IF UNDER 24 HRS. last birthday) MONTHS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 🗌 9. COUNTY OF DEATH Virginia the attending physician and completely filled in sit permit. Then please remove carbon papers. USA WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done, 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY 60.41AM 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First The law requires that the death certificate be Herbert Stanley Lena Comer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT wife Address Yes, no. or unknown) (If yes give war or dates of service) burial, crematian, or remaval, WUTT 220-42-2938 Margaret M. Stanley same as APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) cute myocardia burial-transit rise to immediate couse (o). has been signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse HEZYS pertensive arTeriosc PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O HOSPITAL OR ATTENDING PHYSICIAN: The law re-Page 4 may be retained by the hospital ar attending as the 1%. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health YES [NO 🗍 O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work at wark 22a. I certify that (1) (this hospital) attended the deceased from Sept saw the deceased alive an July 29 1900, and that in (my) (our) apinian death accurred an the date and have and from the couses stated above, (1) (we) (did) (did not) view the body ofter deoth. 22h SIGNATURE 22c. DATE SIGNED STAFF F YSICIAN'S 22e. ADDRESS ME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (Stote) BREMOVAL (Specify) Silver Spring Gate of Heaver Mont. Md. 24. FUNERAL DIRECTOR Francis J. Collins VR A15 (4) 45M - 1/69 45M Blud. W

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	1	2	e	2 51	AL		
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	AEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLANT	.Ute the certificate, writing the Word "pending" in Pencil in Item 18. Give Pages 1, 2, and 3 to the Funeral direct	E 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR THIS	uneral director: page 3 should be used as a burial-transit permit, pages 1 and 2 should be filed, within 72 hour	r death, with the state department of health and mental hygiene, division of vital records, 301 w. Preston street	IMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	
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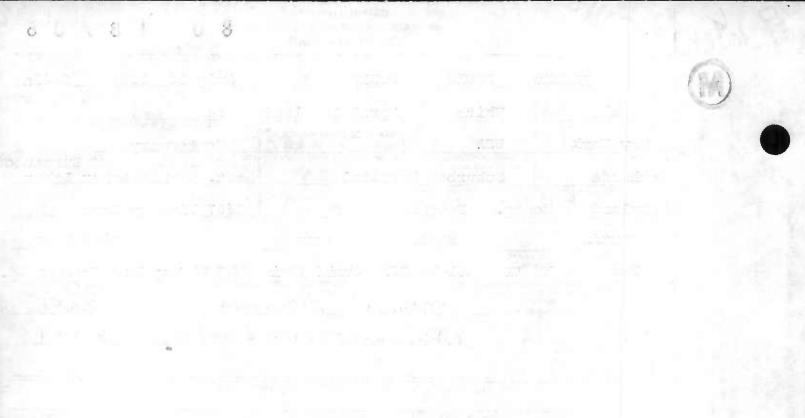
V	11.	FOR STATE			DEPARTMENT OF	HEALTH	AARYLAND I AND MENTAL H	A 11	8 7	0 5
1		REGISTRAR		WEI		NER'S C	CERTIFICATE O	KEO. IV		
(M)		ECEASED NAM YPE OR PRINT)		red	Eric Eric		Steck	OF ESTI- DEATH MATED		YEAR 2b, HOUR
Y, Political Color	3. St	x ale	4 RACE White	5. DATE OF BIRTH	1953 27		DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH DAY	YEAR 2PNPUR 80 10:5
NECESSARY, P FUNERAL DIRE 5 FOR YOUR 5, WITHIN 72 H W. PRESTON ST	9 70.	OREIGN COUNTRY)	TATE OR	76. CITIZEN OF WE		8. MARRI	IED NEVER MARRI		OR COUNTY OF DEA	тн
H. IF ANY DELAY IS NE. 2, AND 3 TO THE FU. 3. RETAIN PAGE 5.2 SHOULD BE FILED. AL RECORDS, 301 W.	Silver		11. NAME OF HOS	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING, LIFE)						
TAIN PELVICES.	USL	AL RESIDENCE STATE		OR OTHER INSTITUTION, GI	Vayne Avenu VE RESIDENCE BEFORE ADMISS 136. CITY OR TOWN	SION)	13d. INSIDE CITY LIMITS?	Conservator	Smithsoni	an Inst.
MD. 21201 SATH. IF AND S 1, 2, AND PM 3. RET. ND 2 SHOULD	14. 1	Md.		tgomery	Silver Sp	pring	15. MOTHER'S MAIDE	75 E. Wayne A		
A A A A A A A A A A A A A A A A A A A	160.	Edgar WAS DECEASE	A . D EVER IN U.S. AI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Steck	TY NO.	Mildred 17. INFORMANT	ADDRESS	Anselm	ent
BALTIMORE, URS AFTER DE B. GIVE PAGE: WITH FORM PAGES 1 AN DIVISION OF	1	yes, no, or unkno No	(IF YES, GIV	E WAR OR DATES)	214-60-62			ck-1913 Edgewar		
; 58 F.		PART I DE	EATH WAS CAUSI	nly ane cause per line ED BY: ATE CAUSE (a) G1	far (a), (b), and (c).) in shot wou	ınd of	chest			OXIMATE INTERVAL N ONSET AND DEATH
ZZ Y E F F			ns, if any, which	h	AS A CONSEQUENCE	OF				
TED V PEN XAM ALTR			se to immediat) stating the <u>under</u> use last.		AS A CONSEQUENCE	OF				
AL RECORDS, 301 DULD BE EXECUTE "PENDING" IN P IN REDICAL EX SISE AS A BURIAL F HEALTH AND MA CREMATION, OR	Z	PART 2 DTHER SI	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TER	MINAL DISEASI	E DR CONDITION GIVEN IN PAI	NT 1 (a).		
A 501323	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	'AS PERFORMED?		20. AUT	
N S S S S S S S S S S S S S S S S S S S			AL CAUSE WAS	21b. TIME OF HOUR A.M	MONTH DAY YEA	21c. HC		D (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	NO
DIVISION OF THIS CERTIFICATE TE, WRITING THE W REWARDED TO THE PAGE 3 SHOULD STATE DEPARTMEN 21201 PRIOR TO BU	MEDICAL	21d. INJURY C	MOTHER	21e PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LO	CATION STREET	CITY OR TOWN	COUNTY	TOSTATE
WAN WAS TAT		AT WORK	AT WORK X		ratorAptBld	lg 75		enue, SilverSpri	ing ,MontC	o.,M
EXAMINER: CERTIFICATE DULD BE FOR. DIRECTOR: 1, WITH THE 5		death result	1 -	couses .	Accident , S	optide	Hamicide XX	Undetermined manner .	а ін ту аріліал	
CAL EX THE CEI SHOULD RAL DIII		ACTUAL SIGNATURE,	14	one	1950	_	Deputy Ch	ief MEDICAL EXAMINER	DATE 7	/21/80
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 ANOUND BE POR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTIMORE, MARYLAND, 2)_	EXAMINER'S (TYPE OR PRI	NT)	Thomas D.Sm				n Street,Balto.	,MD 21201	
BP				^{23b. DATE} 7/22/80		Hill (Crematory	23d LOCATION CITY OF TOWN Suitland, Me		STATE
DHMH - 17 (VR A15 ME (5)) 15M7/77	24.	NAME 5130	Wisc.	Ave. N.W.	Sons, Inc. Wash., D.C	200	16 250. DJU	EC'D. BY REGISTRAR 256. REGI	ISTRAR'S SIGNATURE	ウ



(VRA 15, 4) 1/79

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	1. 3.5	
I	DEC	EASED NAME FIRST		MIDDLE	ı	AST		MONTH	DAY YEAR	2b. HOUR
1		ROBER		DUIS	STE		July 2			2:45
3	SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	HDAY)	MONTHS GAYS	
		Male	Whi		Apr		54	YRS		
97	CO	THPLACE (STATE OR FOREIGN UNTRY)		WHAT COUNTRY?	MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY	R COUN	TY OF DEATH	
2/		New York	USA		WIDOWE	D DNORCED DO OTHER INSTITUTION	Montge			OF BUILDINGS
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-	JSUA	thesda L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	ourban Ho			Asst. Co	mıs	sцопет	Labor
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_		THER'S NAME				15 MOTHER'S MAIDEN NA	ME	LUI	1.3	
30		Martin	MIDDLE	Stein		Sara	WIDDLE		Sulzb	erger
1 1	éa W	AS DECEASED EVER IN U.S.		16 SOCIAL SECU		17 INFORMANT	ADDR	SS	10	
	141	Yes W	W II	051-24-8	267	Judith Stein	; 8607 Vict	ory I		
		IS CAUSE OF DEATH (Enter	only one couse pe	er line for (0), (b), and	l (c).)	10.			APPRO BETWEEN	XIMATE INTERVAL
		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)	Terr	MINA	el Preun	ONIA		2	aks.
- 1		1539	DUE TO C	OR AS A CONSEQUE	NCE OF	1	/ 1		1	
		Conditions, if ony, which	(16)	CARCI	WOM	10T LArce	Dowe	44	6	205
		gave rise to immediate cause (a), stating the	}							
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		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION C	GIVEN IN PART 1	(a)
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2	₹ I	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FIND	
X	CERTIFICATION						YES NEW		YES []	NO [
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME O		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM I	B, PART 1 OR PART 2)	
-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P	P.M.	19				6	
	VED	214. INJURY OCCURRED	21R PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	-	WHILE NOT WHILE AT WORK								1.
		22a I certify that (I) (this ho		7 -	0	19 79		ف	1900	, that (1) (we)
		sow the deceased alive above, Milwelldid Idid		y after death.	, 0	nd that in (my) (aur) apinion	death occurred on the d	ate and h		
		THE SIGNATURE	192 1			DEGREE ATTENDING	MEDICAL STA	FF		ESIGNED
\Box		THEREO	(Ore)	pan	_	PHYSICIAN	DIRECTOR PHYSI		7-2	8-80
11		274 PHYSICIAN'S NAME (119		1/ 5		22e ADDRESS		~1	-	
4		Herbert L				5480 Wiscons		Chev	ry Chase	, Md.
2	3a B	URIAL, CREMATION, REMOVA		00		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
-	14 - 51	Cremation	1-29-	IF U	Lin	coln Cremator				nd
		NERAL DIRECTOR				TTC/ TTC	REC'D. BY REGISTRAR	ZOB. REC	IKAR'S SIC	
9	Da	nzansky-Goldb	erg Chap	ets; 1170	ROCK	ville Pike J	ՍԼ 3 1 1980	1		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &



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STATE OF MARYLAND . FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME FIRST MIDDLE 2e. DATE OF DEATH MONTH DAY YEAR 2h. HOUR (TYPE OR PRINT) ARGARET 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 15 DAY 1924 MONTHS Caucasian 56 To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED MA'S'SACHUSETTS U.S.A WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TEACHER GRADE SCHOOL USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION MONTGOMERY 13. STREET ADDRESS LANE 13d. INSIDE CITY LIMITS? NO 4 FATHER'S NAME MIDDLE MANUEL FRATES MARGARET (NOT AVAIL. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, HOOR UNKNOWN) I IF YES, GIVE WAR OR DATES) 024-14-2102 EDWARD I. STOCKLINSKI (SAME AS 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause MILMONAN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION % DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED shows IN CERTIFYING CAUSES OF DEATH? NO YES [NO [Item 18 21h TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 'n 211 LOCATION 214 INJURY OCCURRED 21s PLACE OF INJURY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE WHILE AT WORK 220 | certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (come) opinion death occurred on the date and haur and fram the couses stated obove, (I) (we) (did) (did not) view the body ofter death, 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22R ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION (SPECIFY) CITY OR TOWN STATE BURIAL JULY 8,1980 ST. MARY'S CEMETERY BARNESVILLED 24 FUNERAL DIREROBERT A. PUMPHREY FUNERAL HOMES P/A DHMH-16 25M (VRA 15, 4) 1/79 300 W. MONTGOMERY AVE. ROCKVILLE MD

Caucasion La 1 1974 So

STERONDORTYD D.S.,

CANDESTON AND TEACHER GRADE SCHOOL

CANDES TO DATE STOCKLING I (SAME AS 126)

CO24-14-2102 EDWARD I STOCKLING I (SAME AS 126)

THE RESERVENCE OF THE PROPERTY OF THE PROPERTY

1	M)
TO HOSPITALETA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 men tertained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pure should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after men with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

notified at once.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

STATE OF MARYLAND

1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TH O	G. NO.	8 /	0 8						
	CEASED NAME FRST	MIDDLE	StoDAR.	20 DATE OF DEA	TH MONTH DAY	-80	HOUR A						
3 SE	MALE	CAUCASIAN	SEPT. 7- 190	YEAR OO 79			UNDER 24 HRS						
7	RTHPLACE (STATE OR FOREIGN OUNTRY)	IN CITIZEN OF WHAT COUNTRY	MARRIED WEVER MAR	RCED MONT	Montoonery County of DEATH Montoonery County, MD.								
	Bethes DA	11. NAME OF HOSPITAL, NURS (IENOT IN SUCH FACILITY, GIVE STRE	et address) Ho Spet		AOST OF WORKING LIFE)	126 KIND OF E INDUSTRY NEWS	PAPER						
130.		NTY 13c, CITY OR TO	WN 134 INSIDE CITY	3506	KENT	-57.	2079						
(ATHER'S NAME FIRST LAREIYCE	A. STODA		MID	DDRESS SA	TFIE	20						
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] (IF YES, GIV	EWAR OR DATES) 140 SOCIAL SECTION 509-2		S. BUTTON	- ITE	M5 4	4 13						
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEO	natury an	mboss		II d	TE MITERVAL JET AND DEATH ROUTE						
NO.		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO		206. IF YES, V	VERE FINDING	S USED F DEATH?						
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		Y OCCURRED (ENTER NATURE C									
MEDICAL	214 INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	OR TOWN	COUNTY	STATE								
	saw the deceased alive ar	ital) attended the deceased from 19. 19. 19. 19. 19.		r) apinion death occurred an	the date and hour a								
	22d. PHYSICIAN'S NAME (TYPE	Cooke p	ATTE	NDING MEDICAL SICIAN DIRECTOR P	STAFF HYSICIAN .	7/21	180						
23a	Tevem 4 BURIAL, CREMATION, REMOVAL		D 10401	MATORY 23d LOCATION		Jungfor	n Mo						

/HMH-16 25M /RA 15, 4) 1/79

24 FUNERAL DIRECTOR CHAMBERS

COURLINGAME - OSAGE - KANSAS REC'D. BY REGISTRAR 25B. REGISTRAR'S SIGNATURE

an also to the . USE! 8 5 10K

signed by the attending physician

notified at once

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY	REG. NO).	8	7	0	9	
	(TYPE	CEASED NAME OR PRINT)	FIRST	va	NDDLE	ST.	TO DO	2a DATE OF	I	DAY (3	SO)	0	UR A	
	3. SEX	FEMALE	4. RA	WHITE		OCT		41	EARS LAST BIRTH	YRS	MONTHS	DAYS	HOURS	MIN
2	OF	RTHPLACE (STATE OR FOR		u.S.A.				Ma		100	ier	^		MD
0	J	Be these	104	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	HOSPITAL	TYPE OF WOR	CCUPATE K FOR MOST OF ECUTI	WORKING L	IFE) IND	USTRY	.S.G	OVT
E	13 M2		MONT GOL		ROCKVILL		13d INSIDE CITY LIMITS? YES NO 🗌	13e STREET 4609	EADES	S STR	REET			
)/		ROBERT	WIDDI	LIMPU	S LAST		15 MOTHER'S MAIDEN NA CATHERIN		MIDDLE		SAU	IYER [®]	T	
1	16a W	VAS DECEASED EVER II	N U S ARMED (IF YES, GIVE WAR				BRUCE D. S	BRUCE D. STRONG SAME AS						ND
11.11/100		18 CAUSE OF DEATH PART I. DEATH WA Conditions, if any, gove rise to imm cause (o), stoting underlying cause	MMEDIATE CA	DUE TO, OF	RAS A CONSEQUE	NOCE OF	natosis	ne br	eas	+	8	APPROXI	A C)S
3	CERTIFICATION	19a DATE OF OPERAT	196 CONDI	TION FOR WHICH	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATION WAS PERFORMED 13 JURY 12 HOW INJURY OCCURRI				20b. IF YE IN CERT	ES, WERE	FINDIN	IGS USE		
	MEDICAL	OR CONTRIBUTING CO	L EXAMINER) ED ILE	P./ 21e PLACE ((AT HOME, STR	M. OF INJURY EET, FACTORY, OFFICE, F	19 211 LOCATION			CITY OR TOWN				COUNTY STATE	
シャークシ		220. I certify that (I) (this hospital) attended the deceased fram sow the deceased alive an above 71 (well-che) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 220. ADDRESS O H N J NCH										c DATE	SIGNED	80

STATE OF MARYLAND

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has bee

should be detached far use as the bu with the start capt, of Health and Mi IMPOHT with at Item 23 is morked or i

ATTENDING PHYSICIAN;

TO HOSPITAL

tetained by the hospital or attending physi

24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL FRANCIS J. COLLINGS
500 UNIV. BLVD., W., SILVER SPRING, MD.

23b. DATE

7/17/80 GATE OF HEAVEN

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
SILVER SPRING

STATE

MD.

VEK SPRING MONT
REGISTRAR 256 REGISTRAR'S SIGNATURE 25a. DATE REC

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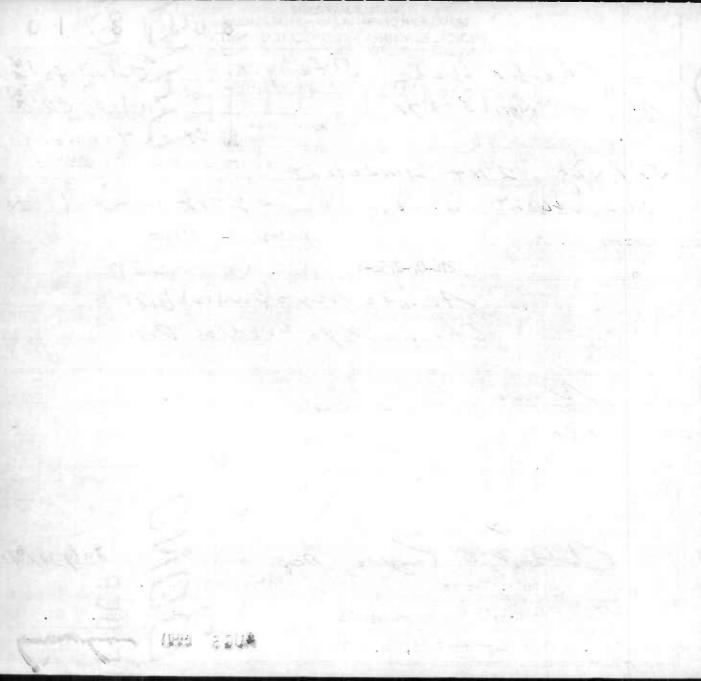
	,		FOR	DEP	ARTMENT OF HEALTI	H AND MENTAL HY	GIENE ()	Ω	7 1	Ω
Sin			STATE REGISTRAR	MEDIC	AL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO	0		U
0		1. DE	EASED NAME FIRST C.	HARLES WA	DE STUBY S	SR.	20. DATE KNOWN	MONTH D	AY YEAR	26. HOUR
	6	(TYP	OR PRINT)	der a	12de d	YEUBY.	SR DEATH MATED	tacky	3/10 Cm	320
	(1941)	3. SEX	4. RACE	5 DATE OF BIRTH	909 6. AGE ON YEARS IF U	NDER 1 YR. IF UNDER 24	4 HRS. 2c. DATE	MONTH D	AY YEAR	2d 0008
	Taxa.	15	Male Wite	MADELLE STORY	1909 LAST BIRTHDAY) MON'	THS DAYS HOURS	MIN. PRONOUNCED DEAD	Llv3	1 000	320
	SAR AL DI	7a. BI	RTHPLACE (STATE OR	76 CITIZEN OF WHAT	OUNTPV2 8	0>	9 BALTIMORE CITY O	R COUNTY C	F DEATH	1 D · M
	SE E E E E E E E E E E E E E E E E E E	FO	REIGN COUNTRY)	USA	WIDO	RIED NEVER MARRIED	_ 1 1	7-		. 11
	Z S S S S		TY OR TOWN OF DEATH	11 NAME OF HOSPITA	L. NURSING HOME, OR OTI		28. USUAL OCCUPATION (TYPE	OF WON 17h.	KIND OF BU	5 my ESS
	A PAGE THE	6	0-1000	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	11.54	Meat Cutter	1	Butche	ř
	PER STE			ROTHER INSTITUTION, GIVE RES	IDENCE BEFORE ADMISSION)	has more evaluated by	A CYPERY ADDRESS			
201	AND	13a. S		820	CITY OR TOWN	13d. INSIDE CITY LIMITS? 1	2714 L	Ind	lel1	A
0.2	1. IF 2. 3. 3. SF AL R	14. F/	THER'S NAME		110	15. MOTHER'S MAIDEN	NAME	145	LAST	
, MC	S I S I S I S I S I S I S I S I S I S I		Charles E. St	MIDDLE	LAST	Melissa		1	EAST	
ORE	PAGE DRM		VAS DECEASED EVER IN U.S. ARA	AED FORCES? 16	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
TIM	AFTE POS SION	{Y	ES, NO, OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	16-07-2752-A	Agnes C. S	tuby Same as	# 13		
BA	WIT WIT		18. CAUSE OF DEATH (Enter onl-	y one cause per line far (a), (b), and (c),)	8			APPROXIMATE BETWEEN ONSE	
ST.,	Z K J K		PART I DEATH WAS CAUSED		Bontes	Myoc	2/2/12/1/2/	r.	BET WEEN ONSE	AND DEATH
ON	124 ITE ALO PER GRE		42991 IMMEDIA		CONSEQUENCE OF					
REST	N SIT		Conditions, if any, which	Ch	VAN ON	Lyn Czi	dial Di			
× .	WIND W		gave rise to immediate couse (a) stating the under-	DUE TO, OR AS A	CONSEQUENCE OF	1				SEAR
301	EXA EXA SIAL OR		lying cause last.	(6)						
	ON, ON,		PART 2 OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART	1 (c).			
DIVISION OF VITAL RECORDS,	BE E	NO	///	ne						
NE NE	PEN MEN MEN MEN MEN MEN MEN MEN MEN MEN M	T	190. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION	WAS PERFORMED?		2	O. AUTOPSY	2
TAL	A SUBSECTION OF THE STREET	CERTIFICATION	None	2				3	YES	NO B
> =	WO HE OF HE	ER	210. EXTERNAL CAUSE WAS	21b. TIME OF INJ		OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)		
0	THE THE TO THE THE TO THE		UNDERLYING OR CONTRIBUTING CAUSE OF D		ONTH DAY YEAR					
ISIO	SHOPA	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF IN	JURY (ATHOME, 21f. LC	OCATION				
D V	RETTINGE NRDE 3E 3	¥	WHILE NOT WHILE AT WORK	STREET, FACTORY,	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY		STATE
	E, W RWA PAC STA 2120			(4)			Po Inquiry on			
	CAT PER CAT		22a. I certify that I toak charg	13				d in my opinio	n	
-	AMI STIFI BECI TH YLAN		death resulted from: Natur	al couses , Acc	ident, Suicide		Undetermined manner,			
	CEI CEI	2	ACTUAL	00	(TITLE (SPECIFY)	MEDICAL EVALUED	DATE T	ulva	1 198
	SHC	1	7	-	1		MEDICAL EXAMINER	SIGNIN	10	1
	MED CUTE A FUNI	-	TYPE OF PRINT	m S. Roger	K	ADDRESSSilv	ver Spring, Md.			
77	TO TO AFTER BALL	23a.B	URIAL CREMATION, REMOVAL 2	3b. DATE 1080	23c. NAME OF CEMETERY		23d. LOCATION	COUNTY	M -5	TATE
)/(0 10		Duriai	aug. 2, 1900	Laytonsvil	Le	Laytonsville	Mont.	Mď	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 17 (VR A15 ME (5)) 15M 7/76

Francis H. Barber Laytonsville, Md. 20760

250. DATE READ, BY REGISTRAR 355 REGISTR



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 A TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat		Jeat
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ispital or attending physician.		after o
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 spital or attending physician.	7	4
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within spital or attending physician.	9	2
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY ATTENDING PHYSICIAN: The law requires that the death certificate be executed wispital or attending physician.	3	草
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MA. A TTENDING PHYSICIAN: The law requires that the death certificate be executed ispital or attending physician.	~	3
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours af with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

traumatic

injury, or other

21 is marked or Item 18,

IMPORTANT: If Item

BP.

DHMH-16 25M (VRA 15, 4) 1/79 230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR Robt

Funeral Home

Burial

23h. DATE

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7-23-80

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	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL H	rGIENE {	3 U	10.	1 8	7	ı	1
MIDDLE		, L	AST	2e. DATE	OF DEATH	MONTH	DAY	YEAR	2h. HOL	J.R.
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nite		S DATE O	P BIRTH VEAR VEAR 1923		N YEARS LAST 88	THOAY)	MONTHS	DAYS	HOURS	MIN
	T COUNTRY?	MARRIE	NEVER MARRIED	3	MORE CITY		TY OF D	ATH		
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13c. 0	RESIDENCE BEFORE CITY OR TOW		136 INSIDE CITY LIMITS?	130. STRE	ET ADDRESS					
	LAST		15. MOTHER'S MAIDEN N	known	ÄIDDLE		3	LAS	1	
TES)	7-40-		William F	C+	LI	usba	ne a	s Al	ove	
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	A CONSEOU	ENCE OF								
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PONDITION	FOR WHICH	OPERATION	Was performed USCES	YES [UTOPSY?		YES, WER TIFYING YES [TH?
IME OF INJ JR A.M. P.M.		AY YEAR	21c HOW INJURY OCCU	JRRED (ENTER	NATURE OF INJU	JRY IN ITEM I	18, PART TOR	PART 2)		
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ded the dec	19	80, an	d that in (my) (our) apinic	, to_	PFR.	Seuf late and h	, 19 naur and f		that (I) (

23d LOCATION

Suitland

STATE

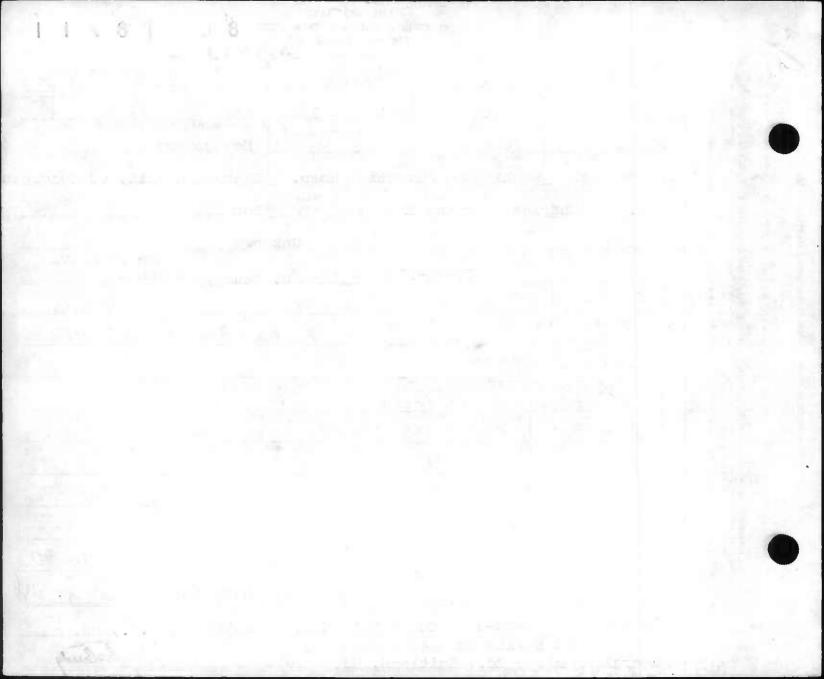
FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) 4. RACE 3 SEX Female W] TR. BIRTHPLACE (STATE OR FOREIGN 7h CITIZE COUNTRY) Poland 10 CITY OR TOWN OF DEATH 11. NAM (IF NO Takoma Park Was USUAL RESIDENCE (IF NURSING HOME OR OTHER INST Charles Md. 14 FATHER'S NAME MIDDLE Unknown 6a WAS DECEASED EVER IN U.S. ARMED FOR IYES, NO OR UNKNOWN (FYES, GIVE WAR OR DA No 18 CAUSE OF DEATH (Enter only one cau PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE Canditians, if any, which gave rise to immediate cause (a), stating the DUE underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIO CERTIFICATION 190 DATE OF OPERATION 19b C 21b. T OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED 21e P CATHO WHILE NOT WHILE AT WORK 220 1 certify that (1) (this hospital) attem saw the deceased alive an_ abave, (1) (we) (did) (did not) view the 226 GIGNATUR 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN NAME ATYPE OF PRINTS 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

Wilhelm ADDRESS 4308 Suitland 156 DAYE REC'D.

Suitland,



- /			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE								,	10710					
14		- S R	TATE EGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEAT						REG	NO.	5 /		2		
	1.		EASED NAME	FIRST		MIE	DLE		LAST	20. D.	ATE KNOWN	MON.	TH DAY	YEAR	2b. HOUR		
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S Ш О >	10	D. CIT	OR TOWN OF	DEATH	11. NAME OF	HOSPITA	L, NURSING HOME	, OR OTH	ER INSTITUTION	12a. USUAL O	CCUPATION		2K 17h. KI		ISINESS		
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DRE, MD. 21 R DEATH. IF AGES 1, 2, 7 RM PM 3.	0/1	4. FA1	HER'S NAME	11	MIDDLE		LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		20	LAST			
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MORE, TER DE PAGE FORM SS 1 AN	7	oa. W.	AS DECEASED E	(IF YES, GIVE V	MED FORCES?	16	SOCIAL SECURITY	- 1	II. INFORMANT		ADDR	£55	1	m			
BALTIMO URS AFTER B. GIVE PA WITH FOR		_	yes _	196		0		54	Lucy VI	WAIM	SUK	esvil	le.	1110	1		
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DIVIS HIS CER WRITING ARDED ARDED GGE 3 S	PR		WHILE	NOT WHILE TO	STREE	STPE	FARM, ETC.)		TREET	CITY	OR TOWN		COUNTY		STATE		
DI THIS (E, WRIT RWARD PAGE	282		AT WORK	AT WORK					TV	rgia A		ilver			. Md.		
CATE FOR FOR			22a. I certify	that I taak charg	e of the remai		d abave, held an	Autaps				Montg	apinion	Co.	, IVIU.		
A F B D F	: 3/0		death resulted	fra Namm	ni conser	Ace	ident Sui	icde	, Hamicide	Undetermin	ed manner L	,					
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TO MEDICAL E EXECUTE THE OPAGE 4 SHOU	2		EXAMINER'S NOT TAKE THE	AME Tho	mas D.	Smit	h, M.D.		ADDRESS 111	Penn S	treet						
TO MI EXECU PAGE TO FU	BAL 2	3a.BU	RIALICREMATIO	ON, REMOVAL 2			23¢ NAME OF CEA		ADDRESS_	23d. LOCATI			0.44.17				
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STATE OF MARYLAND

